

<b>Case Number:</b>	CM15-0141925		
<b>Date Assigned:</b>	08/21/2015	<b>Date of Injury:</b>	12/08/2001
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old, female who sustained a work related injury on 12-8-01. The diagnoses have included plica syndrome and chondromalacia right knee, cervical spine musculoligamentous sprain and lumbosacral spine herniated disc. Treatments have included oral medications, medicated topical pain cream, knee bracing, physical therapy and aqua therapy. In the PR-2 dated 6-8-15, the injured worker reports severe pain in her left leg especially when lying down at night. She has continuing neck and back pain. She has swelling and pain in the right knee. She states the right knee gives out occasionally. She is trying to increase her exercise with wearing a knee brace. She has numbness and tingling in right arm and leg. She also has radiating pain in the left leg down to the foot. She notes this especially at night with a burning sensation. She rates her pain level a 7 out of 10. She states that her activities of daily living are limited to a level of 10% of normal. Upon physical exam, she has cervical spine flexion and extension to 30 degrees. She has tenderness to palpation over the cervical paravertebral and trapezial muscles with spasm present. She has lumbosacral flexion to 12 inches from fingertips to ground. Extension is to 20 degrees. She has spasm and tenderness over lumbosacral paravertebral muscles bilaterally. Right knee range of motion is 0 to 120 degrees. There is a mild effusion noted. Right knee is tender to touch. Reflexes, motor strength and sensation is within normal limits in both arms and both legs. Straight leg raising test in the seated position produces pain in lumbar spine bilaterally and extending into the right thigh. She is not working. The treatment plan includes a continuation of medications and a request for authorization for right knee injections.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDS Page(s): 66, 67-68.

**Decision rationale:** Per the CA MTUS guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) usually prescribed for osteoarthritis or pain. This injured worker has not been diagnosed with osteoarthritis. The provider states the Naproxen was ordered for inflammation and pain. She has taken this medication for a minimum of 9 months. She does not specifically state how Naproxen is working to relieve her pain and swelling aside from the other pain medications. There is insufficient documentation of improvements with her functional capabilities or changes in her pain levels from treatments already prescribed and utilized. Therefore, the requested treatment of Naproxen is not medically necessary.

**Medical weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) / Obesity.

**Decision rationale:** The MTUS / ACOEM did not specifically address the issue of obesity in the injured worker and therefore other guidelines were consulted. Per the ODG, screening and treatment of obesity is recommended with lifestyle modifications (diet and exercise), however a review of the injured workers medical records did not reveal a BMI calculation, neither was there documentation that the injured worker had undertaken lifestyle modifications and failed. Therefore, the request for medical weight loss program is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants Page(s): 29, 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29, 63-65.

**Decision rationale:** Per CA MTUS guidelines, Soma (Carisoprodol) is not indicated for long-term use. Evidence does not recommend Soma (Carisoprodol) for chronic use. It is recommended for treatment no longer than 2 to 3 weeks. "Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects." Soma is an antispasmodic agent. She has been taking this medication for a minimum of 9 months. There is insufficient documentation that she is receiving spasm relief with this medication. She has taken this medication for a long time and is still experiencing spasms. Documentation does not support that Soma helps to decrease her pain and - or spasms or to improve his functional abilities to complete activities of daily living. For these reasons, the request for Soma is not medically necessary.

**Doral 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Per the CA MTUS guidelines, Doral (quazepam) is a benzodiazepine that is "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The provider states the injured worker is taking this medication for sleep. There is insufficient documentation that she has sleeping difficulties. She has no complaints of sleep issues. Since this medication is for short-term use and the injured worker does not complain of sleep issues, the requested treatment of Doral is not medically necessary.

**Viscosupplementation injection for the knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg (Acute and Chronic) chapter, Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic) chapter, Hyaluronic Acid Injections.

**Decision rationale:** Per the ODG, viscosupplementation of the knees is "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes

with few adverse events. Viscosupplementation is an effective treatment for OA of the knee with beneficial effects: on pain, function and patient global assessment; and at different post injection periods but especially at the 5 to 13 week post injection period. The combined use of hyaluronate injections with a home exercise program should be considered for management of moderate-to-severe pain in patients with knee osteoarthritis. Patients with moderate to severe pain associated with knee OA that is not responding to oral therapy can be treated with intra-articular injections. Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs injections of corticosteroids. Treatment with hylan or hyaluronic acids is thought to restore synovial fluid viscoelasticity, which is depleted in patients with OA. Data of the literature demonstrate that hylan GF-20 is a safe and effective treatment for decreasing pain and improving function in patients suffering from knee osteoarthritis. Criteria for Hyaluronic acid injections:- Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e. g. , exercise) and pharmacologic treatments or are intolerant of these therapies (e. g. , gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. Failure to adequately respond to aspiration and injection of intra-articular steroids. Generally performed without fluoroscopic or ultrasound guidance. Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The injured worker has had many conservative treatments done but there are none specific to the knees and if the treatments were effective in bilateral knee pain relief. Because he has not met the conservative treatment requirement as noted above, the requested treatment of viscosupplementation knee injections are not medically necessary.

**Tramadol HCL ER 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. She is not working. There is insufficient documentation of functional capabilities. "There is a lack of functional improvement with the treatment already provided. The treating physician did not

provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care." CA MTUS Guideline indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. She has been taking this medication a minimum of 6 months. There is insufficient documentation about how this medication is working to relieve her pain. Because of the insufficient documentation on functional capabilities and the medication's effectiveness to ease her pain, the requested treatment of Tramadol is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** Per CA MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has no risk factors such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). She does not have any gastrointestinal complaints. She does not have any of the risk factors listed to support use of this medication. For these reasons, the requested treatment of Prilosec is not medically necessary.