

Case Number:	CM15-0174099		
Date Assigned:	09/15/2015	Date of Injury:	05/31/2006
Decision Date:	10/26/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 5-31-06. The injured worker was diagnosed as having bilateral knee meniscus tears; chondromalacia synovitis both knees; degenerative disc disease, lumbar with radiculopathy. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-8-15 indicated the injured worker complains of continued bilateral knee pain, more intense on the right. She reports she is performing daily knee and lower back range of motion exercises. She reports less radicular pain into the lower extremities, since her last exam. The provider documents "Exam: right knee tender medially. S1 effusion present. No AP, MCL-LCL-rotatory instability. Positive McMurray's test. Crepitation at the right patello-femoral artic." The provider's treatment plan states: 1) Daily quad-hamstring ROM ex rt knee, daily lumbar ROM exercises. 2) Patient's synvisc injection request has been denied; the only alternative is for her to be seen by [another provider] for consideration of a total knee arthroplasty." A PR-2 dated 4-14-15 indicted the injured worker continued to have significant right knee pain. She reported no change in activity level and has a sensation of giving way at the right knee. She reports she continued her quad-hamstring exercises daily. She also reports she is symptomatic at the lumbar spine, but this is tolerable. The provider documents a physical examination "Exam: small effusion right knee. Tender right medial joint line. Grade II-III crepitation at the patello-femoral joint. Positive McMurray's test right knee. Crowding medial joint line is painful. No gross instability. Left knee: small effusion. Tender medial joint line. Positive McMurray's test." The provider's treatment plan included: 1) advised to continue bilateral ROM and lower back exercises. She is to use ice for swelling of the

knees. 2) Medications refilled: Relafen 750mg #60 one bid as NSAID, Tramadol ER 150mg #30 one daily as needed for pain, Omeprazole 20mg #60 one bid to avoid GI upset from NSAID, Flurbiprofen/Lidocaine Topical Cream to both knees twice a day. 3) We have requested Synvisc injection of the right knee. We discussed surgical options for her knees. She will consider bilateral total knee arthroplasty. A Request for Authorization is dated 9-3-15. A Utilization Review letter is dated 8-5-15 and non-certification was for Relafen 750mg #60; Omeprazole 20mg #60 and Flurbiprofen/Lidocaine Topical Cream 30g one. Utilization Review non-certified the medications as the requested medications documentation did not meet the CA MTUS guidelines. The provider is requesting authorization of Relafen 750mg #60; Omeprazole 20mg #60 and Flurbiprofen/Lidocaine Topical Cream 30g one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects.

Decision rationale: Based on the 06/08/15 progress report provided by treating physician, the patient presents with bilateral knee pain, more intense on the right. The request is for RELAFEN 750MG QTY 60. Patient's diagnosis per Request for Authorization form dated 06/08/15 includes bilateral knee meniscus tears; chondromalacia, synovitis, both knees; and degenerative disc disease, lumbar with radiculopathy. Physical examination to the right knee on 06/08/15 revealed tenderness medially and crepitation. Positive McMurray's test. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Relafen, Tramadol, Omeprazole and Flurbiprofen/Lidocaine topical cream. The patient is off-work. MTUS, NSAIDs, specific drug list & adverse effects Section, pages 72 and 73 states: "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)" MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Relafen (Nabumetone) has been included in patient's medications, per progress reports dated 02/04/15 and 04/14/15. It is not known when this medication was initiated. Given patient's symptoms and diagnosis, Relafen would appear to be indicated. However, treater has not provided medical rationale for the request, nor discussed medication efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.

Therefore, the request IS NOT medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 06/08/15 progress report provided by treating physician, the patient presents with bilateral knee pain, more intense on the right. The request is for OMEPRAZOLE 20MG #60. Patient's diagnosis per Request for Authorization form dated 06/08/15 includes bilateral knee meniscus tears; chondromalacia, synovitis, both knees; and degenerative disc disease, lumbar with radiculopathy. Physical examination to the right knee on 06/08/15 revealed tenderness medially and crepitation. Positive McMurray's test. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Relafen, Tramadol, Omeprazole and Flurbiprofen/Lidocaine topical cream. The patient is off-work. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." MTUS pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Omeprazole has been included in patient's medications, per progress reports dated 02/04/15 and 04/14/15. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Flurbiprofen/Lidocaine Topical Cream 30g QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 06/08/15 progress report provided by treating physician, the patient presents with bilateral knee pain, more intense on the right. The request is for FLURBIPROFEN/LIDOCAINE TOPICAL CREAM 30G QTY 1. Patient's diagnosis per Request for Authorization form dated 06/08/15 includes bilateral knee meniscus tears; chondromalacia, synovitis, both knees; and degenerative disc disease, lumbar with radiculopathy. Physical examination to the right knee on 06/08/15 revealed tenderness medially and crepitation. Positive McMurray's test. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Relafen, Tramadol, Omeprazole and Flurbiprofen/Lidocaine topical cream. The patient is off-work. MTUS, Topical Analgesics Section page 111 states: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Flurbiprofen/ Lidocaine cream has been included in patient's medications, per progress reports dated 02/04/15 and 04/14/15. It is not know when this medication was initiated. Treater has not provided reason for the request. In this case, Flurbiprofen portion of requested topical would appear to be indicated for the patient's knee condition. However, NSAID topical is only indicated for short-term duration. In addition, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. The requested compound cream also contains Lidocaine, which is not supported for topical use in lotion form according to MTUS. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.