

<b>Case Number:</b>	CM15-0176941		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old male, who sustained an industrial injury on June 20, 2014. Medical records indicate that the injured worker is undergoing treatment for a right knee injury, torn meniscus and synovitis right knee and right knee internal derangement. The injured worker was temporarily totally disabled. On (8-15-15) the injured worker complained of right knee pain and difficulty sleeping. Examination of the right knee revealed medial and lateral knee joint line tenderness, normal range of motion and decreased strength. A pain level was not provided. Subsequent progress reports (6-27-15 and 5-2-15) indicate the injured worker pain levels were consistent at 7-8 out of 10 on the visual analogue scale. Treatment and evaluations to date has included medications, MRI of the right knee (2014), right knee steroid injections, a transcutaneous electrical nerve stimulation unit, physical therapy, home exercise program and right knee surgery in 2014. The injured workers medications, current therapy and a transcutaneous electrical nerve stimulation unit were noted to provide relief. Current medications include Omeprazole DR (since at least January of 2015), Naproxen (since at least January of 2015) and Cyclobenzaprine. The MRI of the right knee dated 9/5/2014 was noted to show lateral meniscus tear and moderate knee effusion. The request for authorization dated 8-20-15 include requests for a right knee x-ray, urinalysis (UDT) test, internal medicine evaluation of insomnia, orthopedic evaluation of right knee, STP consult and initial acupuncture times 6-plus 3 times a week for 2 months, physical medicine re-evaluation and treatment 2 times 4, Omeprazole DR 20 mg # 45, Naproxen 550 mg # 60 and Cyclobenzaprine 75 mg # 60. The Utilization Review documentation dated 8-26-15 non-certified the requests for a right knee

x-ray, urinalysis (UDT) test, internal evaluation (insomnia), orthopedic evaluation (right knee), STP consult and initial acupuncture times 6-plus 3 times a week for 2 months, physical medicine re-evaluation and treatment 2 times 4, Omeprazole DR 20 mg # 45, Naproxen 550 mg # 60 and Cyclobenzaprine 75 mg # 60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right knee X-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of exacerbation of musculoskeletal pain when standard treatments with medications, exercise and PT. The utilization of radiological tests was noted to be valuable in the presence of deteriorating clinical condition or neurological deficits. The records indicate that the patient had completed right knee surgery, steroid injections treatments and MRI investigation. There was no documentation of significant deterioration of the objective and radiological findings. The records did not show that the medication treatment had been optimized by utilization of non-opioid co-analgesic medications. The criteria for Right knee X-ray was not medically necessary.

#### **Urinalysis (UDT) Test: 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): Opioids, screening for risk of addiction (tests), Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Urine Drug Screen (UDS) can be utilized for compliance monitoring during chronic treatment with opioids and sedative medications. The guidelines noted that UDS can be initiated at the beginning of chronic opioid treatment and continued randomly during the treatment. The records did not show that the patient was utilizing chronic opioid or sedative medications. There is no documentation of aberrant medication behavior or non compliant with medications treatment. The utilization of Urinalysis (UTD) test was not medically necessary.

**Internal Evaluation (insomnia): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Medical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for the evaluation of exacerbation of symptoms associated with musculoskeletal pain when standard treatments with medications, exercise and PT are ineffective. The utilization of medical expert was noted to be valuable when the diagnosis is too complex, in the presence of deteriorating clinical condition or to provide additional treatments that cannot be provided by the regular treating doctor. The records indicate that the patient was utilizing nutritional supplements and medical food for the treatment of insomnia. There was no documentation that non medication sleep hygiene measures were ineffective. There was no documentation of significant deterioration of the subjective and objective findings. The records did not show that standard medication treatment had been optimized by utilization of anticonvulsant and antidepressant non-opioid co-analgesic medications. The criteria for Internal Medicine Evaluation for Insomnia were not medically necessary.

**Orthopedic Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for the evaluation of exacerbation of musculoskeletal pain when standard treatments with medications, exercise and PT. The utilization of medical expert was noted to be valuable when the diagnosis is too complex, in the presence of deteriorating clinical condition or to provide additional treatments that cannot be provided by the regular treating doctor. The records indicate that the patient had completed right knee surgery and steroid injections treatment. There was no documentation of significant deterioration of the objective and radiological findings since the 2014 Knee surgery. The records did not show that the medications treatment had been optimized by utilization of non-opioid co-analgesic medications. The criteria for Orthopedic Evaluation were not medically necessary.

**STP Consult and initial acupuncture x6 plus 3x/week for 2 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Acupuncture.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that acupuncture can be utilized for the evaluation of exacerbation of musculoskeletal pain when standard treatments with medications, exercise and PT. The utilization of acupuncture can result in pain relief, reduction in medications utilization and functional restoration. The records indicate that the patient had completed right knee surgery and steroid injections treatment. There was no documentation of significant deterioration of the objective and radiological findings. The records did not show that the patient was utilizing home exercise program or that medications treatment had been optimized with utilization of non-opioid co-analgesic medications. The criteria for Consult and acupuncture treatments X6 plus 3 X /week for 2 months was not medically necessary.

**Physical Medicine Re-eval/treat x8:** 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): Manual therapy & manipulation, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee, Physical Treatments.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for the evaluation of exacerbation of musculoskeletal pain when standard treatments with medications, exercise and PT have failed. The utilization of medical expert was noted to be valuable when the diagnosis is too complex, in the presence of deteriorating clinical condition or to provide additional treatments that cannot be provided by the regular treating doctor. The records indicate that the patient had completed right knee surgery and steroid injections treatment. There was no documentation of significant deterioration of the objective and radiological findings of the musculoskeletal condition. The records did not show that the medication treatment had been optimized by utilization of standard non-opioid co-analgesic medications. The criteria for Physical Medicine Re-evaluation and treatment X8 were not medically necessary.

**Omeprazole DR 20mg #45:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients with a history of gastrointestinal disease. The records indicate that the patient is on chronic NSAIDs treatments. The patient was noted to be utilizing Omeprazole for the prevention and treatment of NSAIDs induced gastritis. The criteria for the use of omeprazole DR 20mg #45 were medically necessary.

**Naproxen 550mg #60: Overturned**

**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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines noted that the utilization of NSAIDs should be limited to the lowest possible dose and for the shortest duration to minimize the risk of NSAIDs related complications. The records indicate the patient is utilizing Naproxen for the treatment of exacerbation of musculoskeletal pain. The criteria for the use of Naproxen 550mg #60 were medically necessary.

**Cyclobenzaprine 75mg #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): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short treatment of exacerbation of musculoskeletal pain that did not resolve with standard treatment with NSAIDs, exercise and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedative agents. The records indicate that the duration of utilization of cyclobenzaprine had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. The criteria for the use of cyclobenzaprine 75mg #60 was not medically necessary.