

Case Number:	CM15-0045082		
Date Assigned:	04/08/2015	Date of Injury:	05/01/2009
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 66 year old male who sustained an industrial injury on 5/1/09. He reported right knee pain. The injured worker was diagnosed as having right shoulder rotator cuff tear, right wrist sprain/strain, carpal tunnel syndrome, cervical spine sprain/strain with multilevel disc protrusions, lumbar spine strain/sprain with multilevel disc protrusions, degenerative disc disease and status post arthroscopy of right knee 2009 with residual, chondromalacia patella, headaches, and tinnitus. Treatment to date has included right knee partial medial and lateral meniscectomy, physical therapy, cortisone injections, oral medications including opioids and topical medications. Magnetic resonance imaging (MRI) of brain and electromyogram/ Nerve Condition Velocity EMG/ (NCV) studies were performed in 2014. Tramadol, Prilosec, and an unnamed topical cream were prescribed on 9/5/14. Magnetic resonance arthrography of the right knee on 5/15/14 showed status post partial lateral meniscectomy without definite evidence of a re-tear, horizontal tear of the posterior horn of the medial meniscus, mild degenerative osteoarthritis of the lateral compartment, no fracture, bone contusion, osteochondral defect or chondromalacia. Orthopedic examination of the right knee in November 2014 showed no swelling or malalignment, medial and lateral patellar facet tenderness, medial joint line tenderness, positive medial McMurray test, and 4+/-5 quadriceps strength. The orthopedic physician documented diagnosis of persistent symptomatic medial meniscus tear unresponsive to conservative management; arthroscopic meniscectomy and debridement was recommended. At a visit on 2/20/15, the injured worker complained of right shoulder pain, right wrist pain with weakness and right knee pain with weakness and giving out. Pain was rated as 7-8/10 in

severity. The injured worker states Tramadol is more helpful than Norco. Functional status was noted as unchanged. Physical examination was noted to be unchanged. A urine drug test on 1/23/15 was noted to have expected results; results of this test were submitted. The treatment plan includes Tramadol, Prilosec, Flurbiprofen cream and a right knee sleeve. Work status was permanent and stationary. On 3/4/15, Utilization Review (UR) non-certified requests for tramadol, Prilosec, flurbiprofen cream, and right knee sleeve, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Sleeve: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: The ACOEM recommends use of a knee sleeve as an option for the treatment of patellofemoral syndrome. This injured worker was noted to have a diagnosis of residual chondromalacia patella, with persistent right knee pain with weakness and giving out. Although the imaging findings were negative for chondromalacia, patellofemoral syndrome is a clinical diagnosis. As the use of a knee sleeve is recommended by the guidelines, the request for right knee sleeve is medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

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

Decision rationale: This injured worker has chronic shoulder, wrist and knee pain. Tramadol has been prescribed since September 2014. Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Although one urine drug screen was submitted, there was no documentation of opioid contract or functional goals. Work status was noted as permanent and stationary. No activities of daily living were discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain

relief or increased function from the opioids used to date. Functional status was documented by the physician as unchanged. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed flurbiprofen, a non-steroidal anti-inflammatory medication (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Other than age, the listed risk factors were not present for this injured worker. There were no GI signs and symptoms discussed, and no documentation of examination of the abdomen. The associated NSAID has been found to be not medically necessary. Due to lack of indication, the request for prilosec is not medically necessary.

Flurbiprofen Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Nonsteroidals Page(s): 111-112.

Decision rationale: This injured worker had chronic shoulder, wrist, and knee pain. The site of application of the requested topical NSAID was not specified. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Per the MTUS, topical non-steroidal anti-inflammatory medications (NSAIDs) for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is little

evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDS are not recommended for neuropathic pain. There should be no concurrent use of an oral and topical NSAID. The only FDA approved topical NSAID is voltaren gel (diclofenac). Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. As such, the request for flurbiprofen cream is not medically necessary.