MAXIMUS Federal Services

Case Number:	CM15-0075889		
Date Assigned:	04/27/2015	Date of Injury:	06/21/2013
Decision Date:	07/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 54-year-old female, who sustained an industrial injury on 6/21/13. The injured worker has complaints of left knee pain. She has complaints of acid reflux, upset stomach and anxiety. The diagnoses have included lumbago; lumbar facet dysfunction; left knee pain status post total knee arthroplaty; right knee degenerative joint disease; right greater trochanteric bursitis and gastritis. Treatment to date has included full knee replacement on 7/16/13; X-rays of the left knee; knee brace; anti-inflammatory medications; aleve; tramadol; ice; injections and physical therapy. The request was for omeprazole 20mg #30; naproxen sodium DS 550mg #60; zanaflex 2mg #30; twelve sessions of acupuncture 2 times a week for 6 weeks for the left knee and voltaren gel 1% 4 grams #5 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The patient is s/p knee surgeries on 11/09/11, 09/14/12 and 07/16/13. The request is for OMEPRAZOLE 20MG #30. RFA is dated on 02/25/15. Per 02/25/15 progress report, the patient is taking Naproxen, Voltaren gel, Ultram, Omeprazole and Zanaflex. One of the diagnoses is gastritis. The patient reports "acid reflux, upset stomach". The patient is experiencing gastroesophageal impairments. The patient started utilizing Omperazole prior to 02/25/15. Regarding work statue, the patient has not worked since 09/06/14. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, 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). In this case, this patient currently presents with gastritis for which this medication may be indicated. There is documentation of acid reflux problems, stomach irritation and gastroesophageal impairments. The patient has been on Naproxen since 01/27/15. The request IS medically necessary.

Naproxen Sodium DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non-steroidal anti-inflammatory drugs Medications for chronic pain Page(s): 67-68, 60.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The patient is s/p knee surgeries on 11/09/11, 09/14/12 and 07/16/13. The request is for NAPROXEN SODIUM DS 550MG #60. RFA is dated on 02/25/15. Per 02/25/15 progress report, the patient is taking Naproxen, Voltaren gel, Ultram, Omeprazole and Zanaflex. Regarding work statue, the patient has not worked since 09/06/14. MTUS guidelines page 67 and 68 recommend NSAIDs non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, there are no reports that specifically discuss this request. The patient has been utilizing Naproxen since 01/27/15. None of the reports indicate how Naproxen has been helpful in terms of decreased pain or functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Zanaflex 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The patient is s/p knee surgeries on 11/09/11, 09/14/12 and 07/16/13. The request is for ZANAFLEX 2MG #30. RFA is dated on 02/25/15. Per 02/25/15 progress report, the patient is taking Naproxen, Voltaren gel, Ultram, Omeprazole and Zanaflex. Regarding work statue, the patient has not worked since 09/06/14. The patient presents with pain and weakness in her lower back and lower extremity. The patient is s/p knee surgeries on 11/09/11, 09/14/12 and 07/16/13. The request is for ZANAFLEX 2MG #30. RFA is dated on 02/25/15. Per 02/25/15 progress report, the patient is taking Naproxen, Voltaren gel, Ultram, Omeprazole and Zanaflex. Regarding work statue, the patient has not worked since 09/06/14. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. In this case, the patient has been utilizing Zanaflex prior to 02/25/15. The patient does present with low back pain, which this medication indicates for. However, there is no discussion as to how this medication has been helpful with pain and function. MTUS page 60 states that when medication is used for chronic pain, recording of pain and function needs to be provided. Therefore, the request of Zanaflex IS NOT medically necessary.

Twelve sessions of acupuncture 2 times a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The patient is s/p knee surgeries on 11/09/11, 09/14/12 and 07/16/13. The request is for 12 SESSIONS OF ACUPUNCTURE FOR THE LEFT KNEE. RFA is dated on 02/25/15. Per 02/25/15 progress report, the patient has not tried acupuncture in the past. Physical examination reveals decreased sensation to light touch at bilateral knees and weakness with left knee extension. X-ray of the left knee from 09/26/14 shows negative for acute pathology of the left knee and visualized prosthesis with anatomic alignment. Regarding work statue, the patient has not worked since 09/06/14. Regarding acupuncture, MTUS guidelines page 13 refers Section 9792. 24. 1 of the California Code of Regulations, Title 8, under the Special Topics section. MTUS allow 3-6 sessions of acupuncture treatments for knee complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, since the patient has not tried acupuncture in the past. The patient continues to have ROM issues with the left knee. It may be reasonable to provide a short-course of acupuncture treatments to address the patient's pain but the current request for 12 sessions would exceed what is recommended per MTUS guidelines for a trial. The request IS NOT medically necessary.

Voltaren gel 1% 4 g #5 tubes: 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 analgesic Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The patient is s/p knee surgeries on 11/09/11, 09/14/12 and 07/16/13. The request is for VOLTAREN GEL 1% 4G #5 TUBES. RFA is dated on 02/25/15. Per 02/25/15 progress report, the patient is taking Naproxen, Voltaren gel, Ultram, Omeprazole and Zanaflex. Regarding work statue, the patient has not worked since 09/06/14. MTUS guidelines page 111 primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS guidelines page 112 further indicates FDA-approved agents: Voltaren Gel 1(diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). It has not been evaluated for treatment of the spine, hip or shoulder. " In this case, the patient has been utilizing Voltaren gel prior to 02/25/15. As one of diagnoses is right knee degenerative joint disease, the patient does present with osteoarthritis pain in her right knee for which this topical product may be indicated. However, the request does not discuss how this topical has been effective. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.