

Case Number:	CM15-0078441		
Date Assigned:	04/29/2015	Date of Injury:	04/14/2014
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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, Illinois

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 41 year old female who sustained a work related injury April 14, 2014. While walking on farm premises, she slipped in mud and fell, landing on her bilateral knees with pain. She received x-rays and medication and later in treatment a cortisone injection to the left knee. An MRI of the left knee revealed a meniscal tear. Past history included fracture of the left forearm/wrist. According to a comprehensive orthopedic evaluation and management report, dated March 30, 2015, the injured worker reports sharp pain over the anterior, medial and lateral aspects of the left knee, together with popping of the left knee with motion. She has experienced buckling and giving way, but denies instability. She no longer has pain or symptoms of the right knee. On examination, the injured worker is 5'1" and weighs 215 pounds. When gait is observed, she stands erect and walks with a slight left sided antalgic gait. Diagnostic impressions are; contusion bilateral knees; patellofemoral pain syndrome, bilateral knees; symptomatic tricompartmental osteoarthritis, left knee. Treatment plan included requests for authorization for urine toxicology screen, Esomeprazole DR, Celebrex, transdermal cream, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 94.

Decision rationale: The injured worker sustained a work related injury on April 14, 2014. The medical records provided indicate the diagnosis of contusion bilateral knees; patellofemoral pain syndrome, bilateral knees; symptomatic tricompartmental osteoarthritis, left knee. The medical records provided for review do not indicate a medical necessity for Urine Toxicology. The MTUS recommends drugs testing an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The test is recommended to be done on individuals on treatment with opioids. The medical records do not indicate the injured worker is on treatment with opioids.

Therefore the request is not medically necessary.

Esomeprazole DR (delayed release) 49.3 mg Qty 60 [1 tab every day]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on April 14, 2014. The medical records provided indicate the diagnosis of contusion bilateral knees; patellofemoral pain syndrome, bilateral knees; symptomatic tricompartmental osteoarthritis, left knee. The medical records provided for review do not indicate a medical necessity for Esomeprazole DR (delayed release) 49.3 mg Qty 60 1 tab every day. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals on NSADIs at the risk of gastrointestinal event. The medical records reviewed do not indicate the injured worker has gastrointestinal risk. Therefore the request is not medically necessary.

Celebrex 200 mg Qty 60 [1 tab every day]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on April 14, 2014. The medical records provided indicate the diagnosis of contusion bilateral knees; patellofemoral pain syndrome, bilateral knees; symptomatic tricompartmental osteoarthritis, left knee. The medical records provided for review do not indicate a medical necessity for Celebrex 200 mg Qty 60 [1 tab every day]. The medical records indicate the injured worker was taking OTC Ibuprofen prior to the request for Celebrex. Celebrex is a COX-2 inhibitor NSAID which the MTUS

recommends for individuals at intermediate risk for gastrointestinal events and no cardiovascular disease; or individuals at a high risk for gastrointestinal events with no cardiovascular disease. Other than gastrointestinal or cardiovascular risk, the MTUS does not consider any NSAID to be more effective than the other. The medical records do not indicate the injured worker is at risk of gastrointestinal event. Gastrointestinal risk factors include: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin. Therefore the request is not medically necessary.

Transdermal Cream - Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5% - 240 gm [apply to affected area as needed for joint relief]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on April 14, 2014. The medical records provided indicate the diagnosis of contusion bilateral knees; patellofemoral pain syndrome, bilateral knees; symptomatic tricompartmental osteoarthritis, left knee. The medical records provided for review do not indicate a medical necessity for Transdermal Cream - Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5% - 240 gm [apply to affected area as needed for joint relief]. Transdermal Cream - Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5% - 240 gm is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. None of the constituents is recommended for use as topical analgesic. (Though lidocaine is recommended, it only recommended as the lidoderm formulation) Therefore, the request is not medically necessary.

TENS (trancutaneous electrical nerve stimulation) Unit, home use, for Bilateral Knees, rental 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (trancutaneous electrical nerve stimulation) for chronic pain Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on April 14, 2014. The medical records provided indicate the diagnosis of contusion bilateral knees; patellofemoral pain syndrome, bilateral knees; symptomatic tricompartmental osteoarthritis, left knee. The medical records provided for review do not indicate a medical necessity for TENS (trancutaneous electrical nerve stimulation) Unit, home use, for Bilateral Knees, rental 3 months. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to

evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain; Phantom limb pain and CRPS II; and Spasticity. However, although it reduces pain multiple sclerosis, it is ineffective in the treatment of spasticity related to Multiple sclerosis (MS). This request is for 3 months rental rather than the one month rental. Also, there is no evidence from the records the injured worker is engaged in a functional restorative program, neither was there a documentation of the goals of treatment. Therefore the request is not medically necessary.