

Case Number:	CM15-0092841		
Date Assigned:	07/20/2015	Date of Injury:	01/19/2012
Decision Date:	10/08/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/14/2015

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, California
 Certification(s)/Specialty: Family Practice

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 60 year old male who sustained an industrial injury on 1/19/12. The mechanism of injury was unclear. He currently complains of increasing constant right shoulder pain with a pain level of 8/10; constant right elbow pain with numbness and tingling in the digits (7/10); constant cervical spine pain (6/10); intermittent bilateral wrist pain (5/10); constant low back pain with radiation into the lower extremities; intermittent left hip pain (5/10); intermittent bilateral knee pain with improvement (4/10). On physical exam there was some cervical paravertebral muscle tenderness; right shoulder revealed tenderness around the anterior glenohumeral region and subacromial space with positive Hawkin's and impingement signs; right elbow revealed tenderness, positive Cozen's, Tinels signs; bilateral hands and wrists reveal tenderness over the volar aspect of the wrists with positive palmer compression test with subsequent Phalen's maneuver; lumbar spine revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion, there was numbness and tingling in the lateral thigh, anterolateral leg and foot, an L5 dermatomal pattern; left hip revealed tenderness with range of motion. Physical examination of the bilateral knee revealed painful ROM and normal strength on 3/20/15 Medications were Norco, Cyclo-benzaprine, Fenoprofen, Omeprazole, Ondansetron/ Zofran and Diclofen. Diagnoses include status post left knee arthroscopy with degenerative joint disease on 2/20/15; status post cervical reconstruction C4-C7; rule out internal derangement right shoulder; carpal tunnel/ double crush syndrome; right de Quervain's; right cubital tunnel syndrome with olecranon bursitis; lumbar discopathy; rule out internal derangement left hip; status post right knee arthroscopy

on 10/31/14. On 3/25/15 the treating provider requested fenoprofen Calcium 400 mg # 120 for pain and inflammation; Omeprazole delayed release 20 mg # 120 for gastrointestinal symptoms; Ondansetron 8 mg # 30 for nausea associated with headaches, present with cervical spine pain; Cyclobenzaprine 7.5 mg # 120 for palpable muscle spasms; Tramadol ER 150 mg # 90 for acute severe pain; physical therapy for the left knee post-operative twice per week for six weeks; Synvisc injection to the left knee injection X 3. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg #120: 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): Anti-inflammatory medications.

Decision rationale: Fenoprofen Calcium 400mg #120. Fenoprofen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)" Patient is having chronic pain and is taking Fenoprofen for this injury. He currently complains of increasing constant right shoulder pain with a pain level of 8/10; constant right elbow pain with numbness and tingling in the digits (7/10); constant cervical spine pain (6/10); intermittent bilateral wrist pain (5/10); constant low back pain with radiation into the lower extremities; intermittent left hip pain (5/10); intermittent bilateral knee pain with improvement (4/10). On physical exam there was some cervical paravertebral muscle tenderness; right shoulder revealed tenderness around the anterior glenohumeral region and subacromial space with positive Hawkin's and impingement signs; right elbow revealed tenderness, positive Cozen's, Tinels signs; bilateral hands and wrists reveal tenderness over the volar aspect of the wrists with positive palmer compression test with subsequent Phalen's maneuver; lumbar spine revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion, there was numbness and tingling in the lateral thigh, anterolateral leg and foot, an L5 dermatomal pattern; left hip revealed tenderness with range of motion. Diagnoses include status post left knee arthroscopy with degenerative joint disease on 2/20/15; status post cervical reconstruction C4-C7; rule out internal derangement right shoulder; carpal tunnel/double crush syndrome; right de Quervain's; right cubital tunnel syndrome with olecranon bursitis; lumbar discopathy; rule out internal derangement left hip; status post right knee arthroscopy on 10/31/14. Physical examination of the left knee on 3/3/15 revealed some swelling, stiffness. The patient has chronic pain with abnormal objective findings. NSAIDS like Fenoprofen are first line treatments to reduce pain. Fenoprofen Calcium 400mg #120 use is deemed medically appropriate and necessary in this patient.

Omeprazole 20mg #120: 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: Omeprazole 20mg #120. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The medical necessity of the request for Omeprazole 20mg #120 is not fully established in this patient.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo> and Official Disability Guidelines, Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 09/08/15) Antiemetics (for opioid nausea) Thompson micromedex Ondansetron FDA labeled indication.

Decision rationale: Ondansetron 8mg #30. Ondansetron is 5-HT₃ receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM does not address this request. Therefore, ODG and Thompson Micromedex were used. Per ODG, Antiemetics (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use. According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting; Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis. Any indication listed above was not specified in the records provided. A rationale for use of this medication was not specified in the records provided. Abnormal findings on GI examination were not specified in the records provided. The clinical information submitted for this review does not establish the medical necessity of the Ondansetron 8mg #30 for this patient at this juncture.

Cyclobenzaprine Hydrochloride 7.5mg #120: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine Hydrochloride 7.5mg #120. According to CA MTUS guidelines cited below, Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. He currently complains of increasing constant right shoulder pain with a pain level of 8/10; constant right elbow pain with numbness and tingling in the digits (7/10); constant cervical spine pain (6/10); intermittent bilateral wrist pain (5/10); constant low back pain with radiation into the lower extremities; intermittent left hip pain (5/10); intermittent bilateral knee pain with improvement (4/10). On physical exam there was some cervical paravertebral muscle tenderness; right shoulder revealed tenderness around the anterior glenohumeral region and subacromial space with positive Hawkin's and impingement signs; right elbow revealed tenderness, positive Cozen's, Tinels signs; bilateral hands and wrists reveal tenderness over the volar aspect of the wrists with positive palmer compression test with subsequent Phalen's maneuver; lumbar spine revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion, there was numbness and tingling in the lateral thigh, anterolateral leg and foot, an L5 dermatomal pattern; left hip revealed tenderness with range of motion. Diagnoses include status post left knee arthroscopy with degenerative joint disease on 2/20/15; status post cervical reconstruction C4-C7; rule out internal derangement right shoulder; carpal tunnel/double crush syndrome; right de Quervain's; right cubital tunnel syndrome with olecranon bursitis; lumbar discopathy; rule out internal derangement left hip; status post right knee arthroscopy on 10/31/14. Physical examination of the left knee on 3/3/15 revealed some swelling, stiffness The patient had palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, restricted range of motion on objective examination of the lumbar spine. The patient has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations therefore with this it is deemed that, the use of the muscle relaxant Cyclobenzaprine Hydrochloride 7.5mg #120 is medically appropriate and necessary in this patient.

Tramadol ER 150mg #90: 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): Opioids for neuropathic pain.

Decision rationale: Tramadol ER 150mg #90. Tramadol is a centrally acting synthetic opioid analgesic: According to MTUS guidelines Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids

(e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. He currently complains of increasing constant right shoulder pain with a pain level of 8/10; constant right elbow pain with numbness and tingling in the digits (7/10); constant cervical spine pain (6/10); intermittent bilateral wrist pain (5/10); constant low back pain with radiation into the lower extremities; intermittent left hip pain (5/10); intermittent bilateral knee pain with improvement (4/10). On physical exam there was some cervical paravertebral muscle tenderness; right shoulder revealed tenderness around the anterior glenohumeral region and subacromial space with positive Hawkin's and impingement signs; right elbow revealed tenderness, positive Cozen's, Tinels signs; bilateral hands and wrists reveal tenderness over the volar aspect of the wrists with positive palmer compression test with subsequent Phalen's maneuver; lumbar spine revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion, there was numbness and tingling in the lateral thigh, anterolateral leg and foot, an L5 dermatomal pattern; left hip revealed tenderness with range of motion. Diagnoses include status post left knee arthroscopy with degenerative joint disease on 2/20/15; status post cervical reconstruction C4-C7; rule out internal derangement right shoulder; carpal tunnel/ double crush syndrome; right de Quervain's; right cubital tunnel syndrome with olecranon bursitis; lumbar discopathy; rule out internal derangement left hip; status post right knee arthroscopy on 10/31/14. Physical examination of the left knee on 3/3/15 revealed some swelling, stiffness. Patient is already taking a NSIAD and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having Tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary this request for Tramadol ER 150mg #90 is deemed as medically appropriate and necessary.

Physical Therapy for the Left Knee 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Physical Therapy for the Left Knee 2 x 6. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks; Postsurgical physical medicine treatment period: 6 months. California Medical Treatment Utilization Schedule (MTUS), 2009, Post Surgical Rehabilitation, 8 CCR Postsurgical Treatment Guidelines MTUS Guidelines Chronic Pain Medical Treatment Guidelines Physical therapy

page 98, The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The patient's surgical history includes left knee arthroscopy on 2/20/15. As per the cited guideline postsurgical physical medicine treatment period is 6 months and the patient is past the post surgical physical medicine treatment period. Physical examination of the left knee on 3/3/15 revealed no signs of infection and no tenderness on palpation a recent detailed clinical evaluation note of the treating physician was not specified in the records provided A recent detailed physical examination of the left knee was not specified in the records specified. Details of the post op treatment following left knee arthroscopic surgery were not specified in the records specified. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. In addition as per cited guideline Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy for the Left Knee 2 x 6 to the Left Knee is not fully established for this patient.

Synvisc Injection, Left Knee x 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: Synvisc Injection, Left Knee x 3. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement. Physical examination of the left knee on 3/3/15 revealed no signs of infection and no tenderness on palpation A recent detailed clinical evaluation note of the treating physician was not specified in the records provided a recent detailed physical examination of the left knee was not specified in

the records specified. Details of the post op treatment following the left knee arthroscopic surgery were not specified in the records specified. Evidence that the patient is significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. Details of PT or other type of therapy done since the date of injury was not specified for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The medical necessity of the request for Synvisc Injection, Left Knee x 3 is not fully established in this patient.