

Case Number:	CM15-0093796		
Date Assigned:	05/20/2015	Date of Injury:	03/03/2014
Decision Date:	07/07/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 44-year-old male with date of injury 3/3/14. Injury was reported relative to cumulative trauma installing and removing windows weighing up to 700 pounds. His injuries included low back, bilateral knee and bilateral shoulder injuries along with anxiety and depression. The 5/24/14 right knee MRI impression documented tricompartmental osteoarthritis manifested by joint space narrowing and osteophyte formation. Findings were consistent with intrasubstance degeneration of the posterior horn medial meniscus and anterior horn lateral meniscus. The 11/7/14 through 1/23/15 treating physician progress reports documented on-going use of Tramadol, Naprosyn and omeprazole for pain management. There was no objective functional benefit documented with the use of these medications. Naprosyn was reported as partially helpful but caused gastrointestinal distress. Omeprazole was prescribed to address gastric irritation caused by the non-steroidal anti-inflammatory drug (NSAID). There was on-going severe functional disability documented by Oswestry and Neck Disability Index scores. Records indicated the injured worker underwent L4/5 and L5/S1 facet medial branch blocks on 2/16/15 with no significant response, followed by a significant exacerbation of symptoms on 2/25/15 necessitating an emergency room visit. The 2/27/15 lumbar MRI impression documented multilevel disc desiccation from L2/3 through L5/S1. At L2/3, there was a minimal broad-based disc bulge without significant stenosis. At L3/4, there was a broad-based symmetrical disc bulge without significant stenosis. At L4/5, there was a broad-based symmetrical disc protrusion with bilateral facet arthropathy resulting in right foraminal stenosis. There was a small focus of hyperintensity significant in the left L4 inferior articular facet process. At L5/S1, there was a

broad-based symmetrical disc protrusion without significant stenosis. There was a high intensity zone in the annulus. There was facet arthropathy at L5/S1 and L4/5, and to a lesser degree at L3/4. The 3/20/15 treating physician report cited complaints of grade 9/10 pain involving the neck, bilateral upper extremities, low back, and bilateral knees. He reported bilateral anterior thigh numbness and tingling. He was taking Naprosyn, Tramadol and omeprazole. He reported that nothing helped. Physical exam documented lumbar paraspinal tenderness to palpation, increase pain with lumbar extension and rotation, muscle guarding and spasms, no palpable step-off, and decreased lumbar range of motion. Neurologic exam documented 5/5 lower extremity strength, intact sensation, normal deep tendon reflexes, and negative bilateral straight leg raise. The treatment plan recommended a lumbar discogram to work up chronic lower back pain that had been unresponsive to conservative treatment. A Synvisc injection for the right knee was recommended based on orthopedic surgeon request. The treatment plan recommended continued Naprosyn, Tramadol and omeprazole. The 4/12/15 orthopedic surgeon appeal letter stated the injured worker had right knee moderate degenerative changes on flexion and extension weight bearing views. He had pain along the medial aspect of the knee that had not responded to exercise, steroid injection, and NSAIDs. The 4/21/15 utilization review non-certified the request for right knee Synvisc injection as there was no evidence that the injured worker had failed conservative treatment for at least 3 months or had symptomatic severe osteoarthritis consistent with guideline criteria. The request for lumbar discogram was non-certified as there was no guideline support for this diagnostic test. The request for Tramadol 50 mg (quantity not specified) was modified to Tramadol 50 mg #135 to allow for discontinuation. The request for Naprosyn 550 mg (quantity not specified) was non-certified as there was no evidence of clinical improvement with this medication. The request for Omeprazole 20 mg (quantity not specified) was non-certified as the associated request for a non-steroidal anti-inflammatory drug was non-certified and there was no documentation suggestive of increased risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Synvisc injection: Overturned

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

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, Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for these injections in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to at least 3 months standard non-pharmacologic and pharmacologic treatments. Guideline criteria have been met. This injured worker presents with severe and function-limiting right knee pain. There is imaging evidence of moderate tricompartmental osteoarthritic changes. Evidence of a recent, reasonable and/or

comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Lumbar discography at L2 to S1 with intraoperative c-arm fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discography.

Decision rationale: The California MTUS guidelines indicate that there is a lack of strong medical evidence supporting discography and should only be considered for patients who meet specific criteria. Indications include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. This patient is not a candidate for surgery and there is no evidence of a detailed psychosocial assessment. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request is not medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Ultram, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesics and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use of this medication. There is no documentation of objective functional benefit with use of this medication. The 4/21/15 utilization review modified request to Tramadol 50 mg #135 to allow for discontinuation due to lack of benefit. There is no compelling reason to support the medical necessity of additional medication certification at this time. Therefore, this request is not medically necessary.

Naprosyn 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California MTUS guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Naprosyn are indicated for short term lowest dosage treatment of symptoms associated with osteoarthritis and chronic back pain and as a second line option for acute exacerbations of chronic back pain. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain from osteoarthritis. NSAIDs are recommended for short-term symptomatic relief in patients with chronic back pain. Guideline criteria have not been met for continued use of this medication. Naprosyn has been reported to provide only partial benefit and has been reported to cause gastric distress. There is no documentation of objective functional benefit with use of this medication. The continued use of this medication would not be consistent with guidelines. Therefore, this request is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. Given that the request for Naprosyn has not been found medically necessary, the continued use of this medication is not indicated. Therefore, this request is not medically necessary.