

Case Number:	CM14-0156580		
Date Assigned:	09/26/2014	Date of Injury:	05/28/2013
Decision Date:	11/05/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old female with a work injury dated 5/28/13. The diagnoses include left knee degeneration, bone-on-bone, and destroyed cartilage on the left knee; morbid obesity. Treatment has included: knee brace; medications; diagnostics; 2/27/14 left knee superior medial plication; 2/14/14 left knee medial meniscus repair. Under consideration are requests for a weight management program- [REDACTED] for 6 months; Naproxen 550mg #60; Omeprazole 20mg #60; Gabapentin 300mg #60; Cyclobenzaprine (no dosage or quantity provided). There is a 9/14/14 progress note that states that the patient is 5 foot tall and weighs 180 lbs. Her blood pressure is 183/87. She has significant severe pain her left knee. She feels like it has given out on her: She feels like it is grating inside. She feels like there are pebbles inside her left knee. It has not given away, but she feels like it wants to. There is constant pain. The Naprosyn seems to cover that as long as she is not standing on it or bending for long periods of time, she is able to function in a relatively normal fashion. On exam the patient is grossly normal with no complaints. Gait is abnormal. She favors the left knee based on her left knee injury. On knee exam the right knee is normal. The left knee has positive compression for medial meniscus on the left. There was positive medial collateral and lateral collateral ligaments strain test. Positive McMurray test with popping and catching, and feeling of grating in the knee. There is a positive drawer sign with evidence of ACL damage or injury. Patellar ballottement is negative. Tendon reflexes are absent in the left knee, relatively normal in the right knee, ankle, and upper extremities. She has normal sensation to pinprick, light touch, and proprioception. She has an antalgic gait with limping on the left knee. Range of motion of the left knee, she can extend to 165 degrees. She can flex 115 degrees. The right knee, she can extend 180 degrees and flex 135 degrees. The treatment plan recommends a prolonged weight loss program. The patient wishes

to avoid a knee replacement at this time. She should continue Naprosyn, Omeprazole, to protect her stomach from the gastritis that occurs with Naprosyn. There is a recommendation that she be on gabapentin 300 mg and cyclobenzaprine 10 mg. An 8/8/14 progress note states that she cannot tolerate the cyclobenzaprine, so she will change cyclobenzaprine to tizanidine. Blood pressure is 183/87 on progress notes dated 7/15/14; 8/8/14; and 9/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT MANAGEMENT PROGRAM - ██████████ FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: The MTUS and ODG guidelines do not specifically address this issue. Aetna Clinical Policy Bulletin states that Up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m^2). The documentation is unclear what attempts the patient has made in regards to diet modification, behavioral therapy and lifestyle modifications prior to beginning a supervised weight management program. It is unclear if she has had a recent physical and evaluation of possible underlying medical causes of weight increase such as thyroid dysfunction prior to beginning a weight management program. The request for weight management program- ██████████ for 6 months is not medically necessary.

NAPROXEN 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs can be used for osteoarthritis (including knee and hip at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines also state that NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. The documentation indicates that the prior 3 office visits the patient has had elevated blood pressure. For this reason the request for Naproxen 550mg #60 is not medically necessary.

OMEPRAZOLE 20MG #60: 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 & cardiovascular risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that a proton pump inhibitor can be used if a patient has the following risk factors: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) and also if the patient has dyspepsia from NSAIDs. The documentation does not indicate the above risk factors and NSAIDS were deemed not medically necessary due to elevated blood pressure, therefore the request for Omeprazole 20mg #60 is not medically necessary.

GABAPENTIN 300MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI SEIZURE MEDICATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation does not indicate neuropathic pain. The request for Gabapentin 300mg #60 is not medically necessary.

CYCLOBENZAPRINE (NO DOSAGE OR QUANTITY PROVIDED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SEDATING MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; (Flexeril); Muscle relaxants (for pain) Page(s): 41-42; 63.

Decision rationale: The MTUS Guidelines state that Cyclobenzaprine (Flexeril) is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates that the patient has knee pain. There is no clear documentation that the patient is benefitting from this medication and additionally she is not tolerating it. The request does not have a dosage or quantity and the guidelines only recommend this for short term use. The request for Cyclobenzaprine (no dosage or quantity provided) is not medically necessary.