

Case Number:	CM13-0008966		
Date Assigned:	08/07/2013	Date of Injury:	12/07/2010
Decision Date:	01/06/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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:

52 y/o male injured worker with a date of injury of 12/7/10. UR performed 7/11/13, and the most recent provider note reviewed by the UR physician was dated 7/5/13 (although I think what they were referring to was an authorization request on that date, and the last provider note available for UR physician and my review is 7/1/13. Has suffered from knee pain and a tibial fracture. Medication therapy has utilized opiates and NSAIDs. Surgical treatment included ORIF (12/9/10) and subsequent removal of hardware on 1/10/12 then repeat operation 3/13. 1/4/13 CT knee showed non-union. 3/13 pre-op assessment noted no hx of GI sx, and dx of HTN, no other cardiovascular issues. On 5/20/2013 an x-ray of the knee was performed at [REDACTED], and the interpretation was to be performed by [REDACTED], the surgeon and treating provider. On 5/20/13 [REDACTED] provided interpretation of this x-ray and stated: "Lateral views are good; anterior views were less than helpful due to inclination fracture is quite visible."

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68.

Decision rationale: The California MTUS citation above notes COX-2 inhibitors indicated when there is risk of GI toxicity, of which I do not find documentation. Also, if there is suspicion on the part of the provider for non-union, it is not clear if the benefit of NSAID treatment (cited previously as pain relief synergy and opiate-sparing effect in the context of no documented concerns or aberrant behaviors regarding opiate therapy in this patient) outweighs the risk, especially given that the patient was 3.5 months post operative at last evaluation and provider did not document any ongoing pain. It may be that this medication is prescribed for ongoing pain 3.5 months post operative; however without documentation clearly conveying this, medical necessity cannot be affirmed.

Norco 7.5/325 mg #22: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 85.

Decision rationale: Norco is an opiate, and is specifically discussed on page 85 of the California MTUS Guidelines. Most recent provider note does not document any pain. Patient was exercising the knee outside of the knee immobilizer, and was 3.5 months post operative. It may be that this medication is prescribed for ongoing pain 3.5 months post operative; however without documentation clearly conveying this, medical necessity cannot be affirmed. The MTUS sets forth detailed requirements for the use of opiates, and presence of pain, and relief of that pain, must be documented, in addition to other requirements (analysis of safety with therapy, regardless of efficacy). This documentation is not present.

Tramadol 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 84.

Decision rationale: Tramadol is an opiate, and is specifically discussed on page 84 of the California MTUS Guidelines. Most recent provider note does not document any pain. Patient was exercising the knee outside of the knee immobilizer, and was 3.5 months post operative. It may be that this medication is prescribed for ongoing pain 3.5 months post operative; however without documentation clearly conveying this, medical necessity cannot be affirmed. The MTUS sets forth detailed requirements for the use of opiates, and presence of pain, and relief of that pain, must be documented, in addition to other requirements (analysis of safety with therapy, regardless of efficacy). This documentation is not present.

Ecotrin 325 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The California MTUS citation above notes aspirin is indicated when there is risk of thromboembolic events, of which I do not find documentation. Also, if there is suspicion on the part of the provider for non-union, it is not clear if the benefit of NSAID treatment (cited previously as pain relief synergy and opiate-sparing effect in the context of no documented concerns or aberrant behaviors regarding opiate therapy in this patient) outweighs the risk, especially given that the patient was 3.5 months post operative at last evaluation and provider did not document any ongoing pain. It may be that this medication is prescribed for cardiovascular risk reduction; however without documentation clearly conveying this, medical necessity cannot be affirmed.

One (1) bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jingushi et al, Rutten et al.

Decision rationale: The UR physician used Blue Cross guidelines for electrical bone growth stimulators; the treating provider requested an Exogen stimulator by Bioventice, which uses a different ultrasound based technology which is FDA approved. Following the FDA approval, additional published studies reported consistent results. For example, Jingushi and colleagues (2007) analyzed data from a previous multicenter study on low-intensity pulsed ultrasound treatment for postoperative delayed union and nonunion of long bone fractures. Delayed union was defined as more than three months without union or radiological bone reaction; nonunion was defined as additional operative treatment being indicated. The study included 72 long bone fractures (42% open and 56% closed) at an average 11.5 months (range: three to 68) since the most recent operation. Monthly clinical and radiological evaluation indicated a 75% union rate, with a mean of 219 (range: 56-588) treatment days until union; data for the different subgroups were not reported. There was a significant association with the time of the most recent operation; beginning treatment within six months from the most recent operation resulted in a higher union rate (90%) than when treatment was started 12 months after surgery (65%). Rutten and colleagues (2007) published an analysis of 76 individuals with tibial nonunions. Included in the analysis were 71 individuals who were at least three months from the last surgical intervention and did not show any healing improvements in the three months before ultrasound treatment (average fracture age: 257 days; range: 180-781). All individuals were followed up (average 2.7 years) by questionnaire, or by phone, if needed. There was an overall healing rate of 73%, at an

average 184 days to healing (range: 52-739). No difference in healing rate for open or closed fractures was observed. However, since less than 3 months had passed from surgery to the x-ray, neither non-union nor delayed union can be clearly diagnosed, and the bone stimulator request at that particular time did not meet requirements for medical necessity.