

Case Number:	CM13-0013728		
Date Assigned:	10/01/2013	Date of Injury:	05/26/2009
Decision Date:	01/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine and Rehabilitation, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A prior physician review noted that this patient is a 44-year-old woman who was initially injured when she was descending a staircase and struck her left knee against the edge of the stair and grabbed the side rail to prevent herself from falling and bent backwards. As of a 07/01/2013 progress report, the patient was noted to be working and "doing okay," and the patient noted medications were "very helpful" and the patient requested refills, noting she was in "a lot of pain" without medications. Physical exam demonstrated asymmetrical lumbar range of motion with tight hamstrings and weakened ankle eversion as well as extensor hallucis longus weakness, across straight leg raise, left knee crepitus, and slightly limited range of motion of the left knee with a small persistent effusion. The prior review noted that the patient had no tears in the left knee per MRI imaging. That review concluded that multiple medications were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis, Page(s): 83.

Decision rationale: The Chronic Pain Guidelines indicate, "Weak opioids should be considered at initiation of treatment with this class of drugs (such as tramadol)." In a chronic case with multifactorial musculoskeletal pain, the rationale in this guideline applies to multiple diagnoses. The weak opioid Ultram has a lower risk of dependence than traditional opioids. This medication is supported in this situation. The request for Ultram is medically necessary and appropriate.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG and FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and gastrointestinal symptoms Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that the provider should "Determine if the patient is at risk for gastrointestinal events." The medical records do not document specific risk factors for gastrointestinal events in this case. The rationale for this request is not apparent. The request for Prilosec is not medically necessary and appropriate.

Orudis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation ODG, Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The Chronic Pain Guidelines indicate "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume." In a complex multifactorial situation such as this, the guidelines would support the use of anti-inflammatory medications as a first-line treatment. The request for Orudis is medically necessary and appropriate.

Glucosamine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin, Page(s): 50.

Decision rationale: The Chronic Pain Guidelines indicate that glucosamine is recommended as an option given its low risk, in patient with moderate arthritis pain, especially for knee osteoarthritis. The guideline therefore supports glucosamine as a treatment for knee pain, primarily throughout osteoarthritis, but not specifically limited to only that particular cause of knee pain. The guidelines note Final Determination Letter for IMR Case Number [REDACTED]

minimal side effects from this medication. This medication therefore would be preferred, particularly on a chronic basis, to other medications with a substantially different risk profile. Thus, overall the guidelines would support the combination of glucosamine and Ultram and possibly Orudis in this case as opposed to more potent opioids such as Vicodin. The request for Orudis is medically necessary and appropriate.

Vicodin 2.5mg for night time use only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing management, Page(s): 78.

Decision rationale: The Chronic Pain Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are recommended. The medical records do not document the 4 domains of opioid management as recommended by the guidelines. Moreover, multiple other requested medications or medication classes have more favorable risk-benefit profile, such as Orudis and Ultram and glucosamine, which have been certified at this time. It is not clear what additional benefit would come from the more potent opioid Vicodin. The request for Vicodin 2.5mg for night time use only is not medically necessary and appropriate.

Non-generic Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (Chronic) Chapter..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic and Topical capsaicin, Page(s): 111 ,112.

Decision rationale: The Chronic Pain Guidelines indicate that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines also indicate that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medical records do not contain this detail to support indication for Medrox. Additionally, Medrox contains 0.0375% capsaicin. This medication is not supported by the treatment guidelines. The request for non-generic Medrox patches is not medically necessary and appropriate.