

Case Number:	CM13-0027045		
Date Assigned:	11/22/2013	Date of Injury:	04/08/2008
Decision Date:	02/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 Internal Medicine and Cardiology has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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:

The patient reported an injury on 04/08/2008. The mechanism of injury was not provided. The patient was noted to undergo right knee surgery in 2008. The patient's medications were noted to include Norco 10/325 and Cymbalta 60 mg. The patient was noted to become more and more limited in activity due to joint pain. The patient was noted to have a normal range of motion except an inability to squat and the patient needed assistance to get up from a sitting position. The patient's diagnosis was noted to include pain in joint lower leg. The request was made for an MRI as the patient was noted to have osteoarthritis and the physician would like to rule out the patient's surgical amenability due to a possible internal derangement of the right knee, Norco, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 prescriptions of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the documentation of the 4 A's to support ongoing usage of the medication. The patient was noted to have pain in the right knee and noted to have a history of a right knee surgery in 2008. However, the clinical documentation failed to provide documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Additionally, it failed to provide the necessity for 6 prescriptions of Norco 10/325 #120. Given the above, the request for 6 prescriptions of Norco 10/325mg #120 is not medically necessary.

1 prescription of Cymbalta 60mg with 12 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

Decision rationale: The California MTUS Guidelines recommend selective serotonin and norepinephrine reuptake inhibitors for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is noted to be used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support the use of duloxetine for lumbar radiculopathy and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The clinical documentation submitted for review failed to supply the indication for use. Additionally, it failed to provide the efficacy of the requested medication. It failed to provide the documented necessity for 1 prescription of Cymbalta with 12 refills. Given the above, the request for 1 prescription of Cymbalta 60mg with 12 refills is not medically necessary.

1 MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, MRI.

Decision rationale: The Official Disability Guidelines recommend a repeat MRI post surgically if it is needed to assess knee cartilage repair tissue. The clinical documentation submitted for review indicated the patient had a right knee surgery in 2008. Additionally, it was noted that the patient has osteoarthritis and the physician opined they would like to rule out surgically if the patient is surgically amenable and has an internal derangement. However, there was a lack of documentation of the procedure that was provided to the patient in 2008. The patient was noted on examination to have normal range of motion, no tenderness, contractions, or malalignment, and was noted to have motor strength and tone that was normal. The 1 limitation the patient was

noted to have an inability to squat or needing assistance to get up from sitting. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations, the request for 1 MRI of the right knee is not medically necessary.