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| Case Number: | CM13-0028928 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 11/13/2012 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/24/2013 |

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 is a 49-year-old injured worker who reported an injury on 11/13/2012 after he walked down a set of stairs, which caused a sudden onset of left knee pain. The patient ultimately underwent medial and lateral meniscectomies in 05/2013. The patient was treated postoperatively with physical therapy and medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical exam finding included decreased deep tendon reflexes of the patella and Achilles, trace effusion of the left knee, and tenderness to palpation over the medial joint line with range of motion described as 0 to 125 degrees with mild crepitus. The patient's diagnoses included internal derangement of the left knee, left knee medial/lateral meniscus tears status post left knee arthroscopy, and mild degenerative changes of the left knee. The patient's treatment plan included additional physical therapy, an MRI of the right knee, physical therapy of the right knee, a right knee brace, chiropractic treatment for the lumbar spine, and continuation of medications to include Norco, Naproxen, Terocin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for four weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation does indicate that the patient is participating in a home exercise program. Therefore, the need for additional physical therapy is not clearly indicated. The request for physical therapy three times a week for four weeks for the left knee is not medically necessary and appropriate.

Norco (unspecified strength and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and documentation that the patient is monitored for aberrant behavior. The clinical documentation does indicate that the patient is monitored for aberrant behavior with regular urine drug screens. However, the documentation fails to provide any evidence of functional benefit or pain relief as a result of the patient's medications. Additionally, the request does not clearly identify the strength, quantity, and duration of the requested medication. Therefore, efficacy and safety cannot be determined. The request for Norco for unspecified strength and quantity is not medically necessary and appropriate.

Naproxen (unspecified strength and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and 67.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does recommend the use of nonsteroidal anti-inflammatory drugs in the management of a patient's chronic pain. However, the California MTUS also states that medications should be supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation fails to provide any evidence that the patient is receiving any functional benefit or pain relief from the provided medications. Additionally, the request does not specifically identify a strength, quantity, or duration of intended treatment. Therefore, the efficacy and safety of this medication cannot be determined. The request for Naproxen (unspecified strength and quantity) is not medically necessary and appropriate.

Terocin (unspecified strength and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the use of capsaicin unless the patient has failed to respond to first-line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to anticonvulsants or antidepressants, which are considered first-line treatments for chronic pain. Additionally, the request does not specify the formulation, strength, quantity, or intended duration of treatment. Therefore, the efficacy and safety of this medication cannot be determined. The request for Terocin (unspecified strength and quantity) is not medically necessary and appropriate.

Flexeril (unspecified strength and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends muscle relaxants for short courses of treatment. The request as it is written does not clearly identify strength, quantity, or intended duration of treatment. Therefore, the efficacy and safety of this medication cannot be determined. The request for Flexeril (unspecified strength and quantity) is not medically necessary and appropriate.