

Case Number:	CM13-0031485		
Date Assigned:	12/04/2013	Date of Injury:	10/20/2007
Decision Date:	01/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational 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:

The applicant is a represented [REDACTED], employee who has filed a claim for chronic right knee pain, low back pain, and left knee pain reportedly associated with an industrial injury of October 20, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; prior medial and lateral meniscectomies; a cane; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 25, 2013, her request for Norco is certified while requests for Voltaren, Prilosec, and urine drug screen are not certified. Six sessions of chiropractic manipulative therapy to the right knee are partially certified, while follow-up knee surgery visit is also certified. The applicant later appealed, on September 30, 2013. A later note of October 22, 2013, is again notable for comments that the applicant is having only slight improvement in knee symptoms, reportedly has not had any physical therapy postoperatively following knee arthroscopy on August 21, 2013, and should remain off work, on total temporary disability. An earlier note of September 10, 2013, is again notable for comments that the applicant is using a crutch for ambulation, is managing his pain without any medication side effects, is using Norco and Prilosec for pain relief. Voltaren extended release was also renewed while the applicant remains off of work, on total temporary disability. It is stated, through the usage of pre-printed check boxes, that the applicant is reporting dyspepsia associated with NSAID usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR (Diclofenac ER 100mg) #30: Overturned

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Voltaren are the traditional first-line of treatment for chronic low back pain and other chronic pain issues. Thus, on balance, continuing Voltaren, an NSAID, is indicated inappropriate as of the date of the request. While there is no clear evidence that the applicant had effected any functional improvement through usage of Voltaren as of the date of the request, the request was initiated approximately one month after the applicant underwent knee surgery. Continued usage of Voltaren for analgesic purposes at the 1-month mark of the date of surgery was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified.

Prilosec (Omeprazole 20mg)#30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has suggested, admittedly through the usage of pre-printed check boxes, that the applicant is/was suffering from NSAID-induced dyspepsia. Prilosec is indicated in the treatment of the same. Therefore, the original utilization review decision is overturned. The request is certified.

12 chiropractic sessions with modalities and exercises to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is "not recommended" for issues involving the knee. The unfavorable MTUS Chronic Pain Medical Treatment Guidelines recommendation is echoed by that of the ACOEM Guidelines, which likewise do not endorse manipulation in the treatment of knee pain. It is incidentally noted that this case is most properly categorized as a postoperative case as

opposed to either an acute injury or a chronic pain case. Nevertheless, MTUS 9792.23.b.2 does furnish the reviewing physician with the ability to employ treatment guidelines found anywhere within the MTUS for postoperative care cases. Therefore, in this case, both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM are invoked. The request remains non-certified, on independent medical review.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not identify or establish specific parameters for performing urine drug testing. As noted in the ODG chronic pain chapter, urine drug testing topic, quantitative testing is generally not recommended outside of the emergency department overdose context. ODG also recommends that an attending provider furnish the applicant's complete medication list as well as a list of drug tests and/or drug panels which he intends to test for along with the request for authorization. In this case, the attending provider did not in fact furnish either the applicant's medication list or a complete list of drug tests which he was proposing along with the request for authorization or the application for IMR. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.