

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0038486 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 09/01/2008 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Arizona. 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 expert 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:

This is a 56-year-old male who sustained an injury on September 1, 2008 to his right knee. He underwent right knee surgery on March 30, 2012, but did not do well continuing to complain of pain, tenderness, crepitation, buckling and weakness of the right knee. He underwent an MRI arthrogram in December 2012 which showed no abnormalities. In 2011 he underwent a GI (gastrointestinal) workup and was found to have reflux, and gastritis secondary to the NSAIDs (non-steroidal anti-inflammatory drug) he was taking. His gastroenterologist recommended that he stay off NSAIDs. He did get an injection of a corticosteroid into his knee but according to his treating physician did not do well with the injection. He is on a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee, diagnostic arthroscopy.

Decision rationale: This patient had arthroscopic surgery of his knee in March 2012; he did not do well after the surgery, continuing to complain of pain, tenderness, crepitation, and weakness. An MRI arthrogram done in December 2012 revealed no abnormalities and there was no evidence of meniscal tear. The ODG suggest diagnostic arthroscopy if the imaging is inconclusive; however, the imaging was not inconclusive; it did not show any abnormalities. The ACOEM (American college occupation and environmental medicine) states that arthroscopic meniscectomy or repair can be done if the patient has confirmatory imaging studies. Therefore, the medical necessity for this procedure has not been verified.

VOLTAREN GEL: 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), Pain (Chronic).

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

Decision rationale: This gel is recommended for pain relief with osteoarthritis, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. This patient has a history of gastrointestinal events with gastritis and erosive lesions on the mucosa. His gastroenterologist recommended he stay away from NSAIDs. In addition, when the patient was on NSAIDs, there was no documentation that he had any functional improvement. Therefore, with this patient's past history and the lack of studies that show the effectiveness of this type of medication, the medical necessity of Voltaren gel has not been established.

LIDOCAINE AND DEPO MEDROL INJECTION TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee, corticosteroid injection.

Decision rationale: The ACOEM states that corticosteroid injections are used in the management of knee problems; however, this is a consensus of the review panel that was interpreting information not meeting inclusion criteria for research based evidence. The ODG also mentions the use of corticosteroid injections as giving short-term relief of symptoms. Second injections are not recommended if there has been no response to the initial injection. This patient had an initial injection of a corticosteroid which gave him no relief of his symptoms.

ANAPROX 500MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-78.

Decision rationale: The MTUS recommends weighing the indications for NSAIDs against both GI and cardiovascular risk factors. This patient already demonstrated adverse GI events secondary to the chronic use of NSAIDs including gastritis and gastric erosions. His GI consultant recommended he stay away from NSAIDs. In addition, while he was on NSAIDs he did not demonstrate any functional improvement in his knee symptoms, plus, the dosing of the NSAID as above recommended therapeutic limits. Therefore, with his past history and lack of improvement with NSAIDs, the use of this medication is not medically necessary.

PRILOSEC 20MG #90: Upheld

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

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

Decision rationale: The patient is not having any GI symptoms at the present time and the use of NSAIDs has not been shown to be medically necessary. The use of Prilosec is not medically necessary.