

Case Number:	CM13-0041092		
Date Assigned:	03/24/2014	Date of Injury:	10/18/2012
Decision Date:	06/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/10/2013

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 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 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:

The patient is a 53 year old female who was injured on 10/18/2011 as a result of her repetitive result of her job duties. She sustained evolving pain in her neck, back, right knee and shoulder, wrists and ankles due to the lack of support from prior injuries. Prior treatment history has included 12 sessions of physical therapy, last session dated 10/04/2013. The patient underwent left knee arthroscopic partial medial meniscectomy, and extensive synovectomy on 06/05/2012. The patient's medications as of 06/04/2013 include Prilosec 20 mg, Vicodin 5 mg, and Naprosyn 500 mg. Orthopedic report dated 09/11/2014 reports the patient complains of bilateral knee pain, right greater than left with some popping, swelling, and giving way. The left knee has giving way and buckling. Objective findings on exam reveal tenderness of the right knee over the lateral more than medial joint line. There is a small effusion. Range of motion is from 0-140 degrees with pain. Sensory and motor exam are intact. There is pain with McMurray testing. On left knee examination, there is mild swelling. Lachman and Drawer tests are positive. Varus and Valgus stress tests are negative. There is discomfort with McMurray testing. The patient is diagnosed with right knee chondral flap tear of the lateral tibial plateau, right knee medial meniscal tear; left knee anterior cruciate ligament tear and chondromalacia of the patella. The treatment and plan includes conservative management with home exercise program and anti-inflammatories with avoiding pivoting type activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) WHEEL CADILLAC WALKER/ROLLATOR WALKER: 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), Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Walking Aids.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to ODG guidelines walking aids such as canes and walkers may be of benefit for patients suffering from knee osteoarthritis. This is a request for a 4-wheeled walker with brakes and a seat. A standard 2-wheel walker would be sufficient in this case. Medical necessity is not established.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT OF OPIOID USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Hydrocodone is a short acting opioid that is recommended for intermittent or breakthrough pain. The medical records document the patient was diagnosed with right knee chondral flap tear of the lateral tibial plateau, right knee medial meniscus tear, left knee anterior cruciate ligament and left knee chondromalacia. The patient has been taking opioids on a chronic basis without documentation of objective pain reduction or improved function or improved quality of life. Medical necessity is not established.

NAPROXEN: 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 NAPROXEN, NSAIDS Page(s): 66-67.

Decision rationale: According to the CA MTUS guidelines, Naproxen is NSAIDs that is recommended in OA at the lowest dose for the shortest period in patients with moderate to severe pain. The medical records document the patient was diagnosed with right knee chondral flap tear of the lateral tibial plateau, right knee medial meniscus tear, left knee anterior cruciate ligament and left knee chondromalacia. The patient is taking NSAIDs on a chronic basis without objective documentation of pain reduction or improved function or improved quality of life. Medical necessity is not established.

PRILOSEC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, Prilosec may be recommended in patients at intermediate risk or high risk for GI events. The medical records document the patient was diagnosed with right knee chondral flap tear of the lateral tibial plateau, right knee medial meniscus tear, left knee anterior cruciate ligament and left knee chondromalacia. The patient has been on Prilosec on a chronic basis. As the need for chronic NSAID use is not established, Prilosec is not medically necessary.

TD KETOPROFEN 20% CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical non-steroidal anti-inflammatory agents (NSAIDs) are recommended in cases of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The medical records document the patient was diagnosed with right knee chondral flap tear of the lateral tibial plateau, right knee medial meniscus tear, left knee anterior cruciate ligament and left knee chondromalacia. However, topical NSAIDs are only recommended for short-term use. Further, Ketoprofen is not recommended for topical application due to high incidence of photocontact dermatitis. Ketoprofen is not FDA-approved for topical application. Medical necessity is not established.