

Case Number:	CM13-0043581		
Date Assigned:	04/25/2014	Date of Injury:	05/18/2011
Decision Date:	07/08/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

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:

Patient is a 59-year-old male who has submitted a claim for Type 2 Diabetes, lateral meniscus tear, loose bodies-multiple, chondromalacia-lateral tibial condyle type 3, s/p Oxford procedure associated with an industrial injury date of 5/18/11. Medical records from 2012-2013 were reviewed which revealed persistent pain on the right knee. He walks with a limp and has pain with kneeling and squatting. Physical examination showed minimal joint effusion. Range of motion of right knee was 20 degrees in flexion and 120 degrees on the left. Straight leg raise test was negative. McMurray maneuver was slightly painful in the medial aspect. No posterior laxity noted. EMG study done on 6/8/12 showed evidence for bilateral sural and superficial peroneal sensory neuropathies. No electrodiagnostic evidence for a cervical or lumbosacral radiculopathy. No electrodiagnostic evidence for an upper or lower limb mononeuropathy. MRI of right knee, dated 6/25/13, reported a tear on free edge of lateral meniscus and anterior margin of posterior horn with minimal lateral femorotibial spurring, joint effusion with synovitis, lateral patellar subluxation with patellar chondral thinning. Treatment to date has included partial meniscectomy of lateral right knee (date of surgery unspecified), chondroplasty of lateral tibial condyle, excision of loose bodies-multiple of right knee, physical therapy sessions, home exercise program, aqua therapy sessions and epidural injections. Medications taken were Gabapentin, Norco, NSAIDs, Vicodin, Methocarbamol, Lunesta, Simvastatin, Metformin, Lisinopril and Aspirin. Utilization review from 9/24/13 denied the requests for additional physical therapy of right knee, Norco and NSAIDs. Physical therapy was denied because the number of requested sessions was not mentioned and objective response from previous PT was not noted. Norco was denied because there was no documentation of maintained increase in function or decrease in pain with the use of this medication. Lastly, NSAID was denied because guidelines recommend only short term use of NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT FOR THE RIGHT KNEE (UNKNOWN FREQUENCY & DURATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transitioned into a self-directed home program. In this case, patient underwent physical therapy since 7/18/2013 twice a week for 6 weeks. However, the functional gains derived from previous sessions, as well as current limitations in activities of daily living are not documented in the medical records submitted. In addition, records also reported that patient was transitioned into home exercise program. There is no discussion why the patient is still not versed to perform independent exercises at home. Furthermore, the present request failed to specify the frequency and duration of treatment for the right knee. Therefore, the request for physical therapy (unspecified frequency/duration) for the right knee is not medically necessary.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

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

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient's progress report mentioned that he was taking Norco since 05/25/2012. There is no documentation on the pain relief and functional improvement that the patient can perform attributed to the use of opioids. California MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request does not specify the amount of medication to dispense. Therefore, the request for Norco 10/325 mg is not medically necessary.

NSAIDS (UNABLE TO READ NAME OF MEDICATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL AND ANTI-INFLAMMATORY) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 46.

Decision rationale: As stated on pages 22 and 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. In this case, patient was given a trial of unspecified NSAID since at least 8/27/13. However, benefit from the said medication was not reported in the medical records. In addition, it does not seem reasonable to certify an unspecified drug. The request is incomplete; therefore, the request for NSAID (unable to read name of medication) is not medically necessary.