

Case Number:	CM13-0046269		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2010
Decision Date:	02/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency 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 patient has a date of injury of 8/16/10. There is no specific mechanism of injury provided. Diagnoses include lumbosacral spine sprain/strain with a 1mm disc protrusion at L1-2, a 4mm disc protrusion at L2-3, and a 1mm disc protrusion at L4-5 according to an MRI done in April 2012; bilateral knee degenerative osteoarthritis; right knee post arthroscopic surgery with partial medial meniscectomy; and left knee with partial medial and lateral meniscectomy. The report dated 1/13/14 states that the patient complains of low back pain that radiates to the lower extremities. The pain is sharp and aching, and it worsens with sitting, standing, and walking. The patient states that some relief is attained with medications and ice/heat. There is also bilateral hip pain, worse on the left than the right. It is exacerbated by walking. The pain is intense, and makes it difficult to get up from sitting. The patient states that some relief is attained with pain medications. There is also bilateral knee pain; the pain is constant in the right knee, and intermittent in the left knee. The pain radiates to the lower legs, and occasionally the back. Both knees pop and lock. Some pain relief is attained with medications. Objective exam shows both knees with prior postsurgical scar, limited flexion, and medial joint line tenderness. There was crepitus on patellofemoral compression test. There was no evidence of instability. The lumbar spine reveals antalgic gait, but is otherwise normal. The neurological exam was normal. ■■■■■ reports that medications improve pain and significantly improve the patient's abilities to do activities of daily living. There is a report of dyspepsia with her current medications. An MRI of the right knee from 4/12/13 shows a bucket handle tear on the medial meniscus, a large effusion with small loose bodies, spurring, moderately severe degenerative changes, and varus deformity. An MRI of the left knee shows moderate effusion, moderately severe degenerative joint disease, osteophytes, and evidence of several small tears. X-rays reveal degenerative joint disease. The patient had a right knee arthroscopic procedure scheduled on 8/14/13, but the

operation notes were not provided for review. She had meniscal repair in September 2012, and another knee surgery on 2/27/13. She has a history of physical therapy, injections, and electrical stimulation with minimal benefit. The patient has also received epidural steroid injections of the lumbar spine. As of 1/13/14, the patient's medications included Benzepiril, Soma, Norco, Naproxen, Medrox ointment, Omeprazole, Valium, and Sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Topamax with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: Topamax (Topiramate) is an antiepileptic medication. It is recommended for neuropathic pain, especially polyneuropathy or post-herpetic related pains. There is no evidence to support its use in low back pains. It is considered a second-line drug, and should be used only when first-line medications fail. There is no documentation provided to explain why Topamax was being prescribed, and there is no dosage provided. Because Topamax is a new medication for this patient, because it has potential adverse effects, and because there is no listed dosage or reason for its prescription, this drug cannot be recommended. The request is not certified.

30 Phentermine with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (online version), the FDA guidelines, and the NIH Medline.

Decision rationale: There is no mention of Phentermine in the MTUS or in the ODG; therefore, other guidelines were used. Phentermine is a sympathomimetic related to amphetamines; it is prescribed for weight loss. There is some documentation from several treating physicians concerning patient's obesity and the need for weight loss before knee replacement surgery may be considered. There is some peripheral mention of weight reduction in the MTUS in relation to pain improvement. However there is no provided documentation as to who prescribed the Phentermine, or what the future goals were for usage of this medication. There is no dosage found in the prescription or the provided charts. Because Phentermine is a new medication for this patient, because it has potential adverse effects, and because there is no listed dosage or reason for its prescription, this drug cannot be recommended. The request is not certified.

60 Prilosec with five refills: Overturned

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 Page(s): 69.

Decision rationale: Prilosec is a proton-pump inhibitor used for dyspepsia. As per the MTUS, it may be used for patients with documented dyspepsia who are also currently on NSAIDs. The patient is currently on naproxen, and has documented dyspepsia. The patient is also already on Omeprazole (Prilosec) 20mg once a day at baseline. While the dosage of the requested medication was not found, Prilosec is relatively benign and patient is already on it. It is certified.

60 Norco with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: Norco is a combination medication containing acetaminophen and Hydrocodone. There was no dosage provided for this review, but a prescription in the medical records states that the dosage is for Norco 10/325mg, one tablet every four hours as needed. There is a urine drug screen that gave results consistent with appropriate opioid use. Documentation supports the continued ongoing management and use of Norco with appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior provided by treating physicians. Its use is appropriate. The request is certified.

60 Naprosyn with two refills: Overturned

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

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

Decision rationale: Naprosyn is an NSAID (Non-steroidal anti inflammatory). The requested dosage was not provided, but dosage was found in a prescription within the medical records (500mg). The patient is already on this medication. Data from the MTUS recommends NSAIDs for chronic arthritic back pains and knee pains with caution due to side effects. The patient has been on NSAIDs chronically, and is already taking acetaminophen (within Norco). Its use is appropriate. The request is certified.