

Case Number:	CM13-0050879		
Date Assigned:	12/27/2013	Date of Injury:	09/03/2008
Decision Date:	04/18/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation 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:

This is a 61-year old female with a date of injury of 9/03/08. Mechanism of injury is not disclosed in submitted reports. The patient is being followed by an orthopedic specialist for diagnoses of C5-6/C6-7 herniated disc, C6-7 spondylosis, left C5-6 radiculopathy per EMG, s/p right shoulder arthroscopic decompression on 11/02/12, CTS/Double Crush Syndrome, lumbar discopathy, neural compression, lumbar radiculitis, segmental instability, possible bilateral hip internal derangement, left knee internal derangement, and right knee chondromalacia/patella/meniscus tear. The patient returned in follow-up on 10/01/13. She is noted to have increasing pain at the right knee despite multiple intra-articular injections. She also has bilateral wrist symptoms with a prior electrodiagnostic study positive for CTS. Symptoms at the cervical spine, right shoulder, and lumbar spine are unchanged. Surgery is recommended for the right knee at the 10/01/13 visit and an "updated" MRI is recommended prior to surgery. Multiple medications are recommended, and the 10/30/13 report states why each are necessary. Naproxen is recommended for pain and inflammation. Cyclobenzaprine is recommended for muscle spasm. Ondansetron is recommended for iatrogenic nausea caused by prescribed meds. Omeprazole is recommended for GI symptoms. Tramadol is recommended for pain. The patient is noted to have UDS done. This was submitted to Utilization Review on 11/05/13 and all the medications were not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 346-347.

Decision rationale: Guidelines do support use of MRI imaging in patients with symptoms suggestive of internal derangement, even in light of a non-diagnostic exam. In this case, the patient has already had an MRI. Given MRI findings and failure of conservative care, arthroscopy is now recommended. An "updated" MRI is requested prior to surgery; however, the decision for surgery has already been made. Medical necessity for an "updated" MRI of the right knee is not established.

NAPROXEN SODIUM 550MG #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Guidelines do support NSAIDS as first line treatment for pain, but long-term use may not be warranted. There are significant risks for long-term use, including GI adverse effects. In this case, the patient is still in the midst of further treatment, including a pending knee surgery. Ongoing use of Naproxen (with caution) is medically necessary.

OMEPRAZOLE DELAYED-RELEASE 20MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Guidelines do support use of GI protectant in patients with a history of chronic NSAID use, as there is high risk for adverse GI effects. This patient has been on long-term NSAIDS for chronic pain issues, and ongoing use of Omeprazole is medically necessary.

ONDANSETRON ODT 8MG #30 TIMES 2 QTY #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Ondansetron.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic (for opioid nausea)

Decision rationale: Guidelines do not support use of antiemetic, such as Ondansetron, for nausea and vomiting secondary to chronic opioid use. While nausea and vomiting is common with use of opioids, these effects diminish with continued exposure. Ondansetron, specifically, is only approved for nausea/vomiting secondary chemotherapy and radiation, postoperative use, and for gastroenteritis. This patient has none of these conditions, and documentation does not reflect any clear symptoms of problematic nausea and vomiting that supports use of antiemetic. Medical necessity for Ondansetron is not established.

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-66.

Decision rationale: Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the patient is having an increase in symptoms, and surgery for the knee is now being requested due to the increasing symptoms. For now, medical necessity for Cyclobenzaprine is established.

TRAMADOL HYDROCHLORIDE ER 150MG #90: Overturned

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

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

Decision rationale: Guidelines do support short-term use of opioids in patients with severe pain in acute injury when pain is not controlled by non-opioids and do support use of opioids for post-op pain management. In this case, the patient does have chronic non-malignant pain; however, recent pain has escalated at the knee to the point of requesting authorization of knee surgery. During this peri-operative period, continued use of Tramadol is medically necessary.