

Case Number:	CM13-0053672		
Date Assigned:	12/30/2013	Date of Injury:	03/13/2003
Decision Date:	06/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/18/2013

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 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:

A 60 year old male with right knee pain after industrial injury on 3/13/03. Diagnosis of chondromalacia patella with tear of meniscus. Exam note 8/22/13 demonstrates report of right knee pain. Exam note 3/13/13 demonstrates report of bilateral knee pain and torn mensicus. MRI 9/17/09 demonstrates tear of posterior third of meniscus with tibiofemoral osteophytes and subchondral degenerative changes in medial femoral condyle and medial tibial plateau.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO (HYDROCODONE) 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Chapter Opioids, Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Page(s): 78-79.

Decision rationale: Accodring to the CA MTUS/Chronic pain medical treatment guidelines, "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects", are recommended. In this case there is insufficient documentation of the benefit of opioids prior to the exam and request of 8/22/13 to demonstrate ongoing management. Therefore the request is not medically necessary.

PROTONIX (PANTOPRAZOLE) 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, PROTON PUMP INHIBITORS

Decision rationale: The CA MTUS does not address Protonix. According to the Official Disability Guidelines regarding Proton pump inhibitors (PPIs) such as Protonix, "Recommended for patients at risk for gastrointestinal events." In this particular case there is insufficient evidence that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Protonix is not medically necessary.

VIDEO ARTHROSCOPY RIGHT KNEE WITH CORRECTION OF ENCOUNTERED PATHOLOGY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: According to the CA MTUS/ACOEM regarding diagnostic arthroscopy states regarding meniscus tears, pages 344-345, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." In this case there is insufficient evidence in the exam from 8/22/13 of mechanical symptoms that would warrant an arthroscopy. In addition the patient has concurrent degenerative changes that have not been shown to derive benefit from arthroscopy. Therefore the determination is not medically necessary.

VOLTAREN XR (DICLOFENAC SODIUM XR) 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications. Page(s): 272.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-71.

Decision rationale: In this case there is no documentation in the records regarding prior treatment success, failure or complication with non-steroidal anti-inflammatories such as Voltaren to meet the Chronic Pain medical treatment guidelines of the CA MTUS. Therefore the determination is not medically necessary.