MAXIMUS Federal Services

Case Number:	CM13-0054291		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2011
Decision Date:	06/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal 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 56 year old male who was injured on 10/07/2011 after reportedly lifting a bag from a shopping cart and placing it in the car. The patient subsequently developed back pain. He carries a diagnosis of left knee medial and lateral meniscal tear s/p surgical repair 6/12/13 complicated by retears and repeat surgery on 8/7/13, L5-S1 lumbar degenerative disk disease with chronic left sided radiculopathy, and possible early peripheral neuropathy. Prior treatment history has included a 9/6/12 left knee hyaluronic acid knee injection (Supartz). The patient underwent arthroscopy of the left knee, extensive debridement/chondroplasty and examination of the left knee under anesthesia on 08/07/2013; partial medial meniscectomy, arthroscopic partial lateral meniscectomy, and examination under anesthesia/arthroscopy of the left knee 06/12/2013. He underwent a translaminar lumbar epidural injection, left L5-S1 on 04/05/2013. A urine drug screen dated 10/09/2013 and 06/13/2013 detected hydrocodone and hydromorphone which are indicative of use of a hydrocodone medication. This result confirms the prescription medication Norco. There are no Oxymorphone medications listed for this patient. A drug screen dated 08/28/2013 did not detect any medications which could be due to not taking medications as prescribed or to ones metabolism. Diagnostic studies reviewed include an MR arthrogram of the left knee taken on 07/31/2013, which demonstrates a thin linear horizontal tear within the body of the lateral meniscus, extending to the free edge. The small residual body of the medial meniscus is extruded medially by 2 mm. There is a 7-mm curvilinear nondisplaced subchondral trabecular fracture within the lateral aspect of the medial femoral condyle. There is mild edema within the medial femoral condyle adjacent to the attachment of the MCL and mild edema within the lateral femoral condyle, possibly representing bone bruises; severe cartilage fraying of the patella. There is a 7.7x2.3x2.6 cm elongated multibulated popliteal cyst, with multiple internal septations, communicating with the joint. An electrodiagnostic evaluation dated 02/11/2013

reveals left lumbar chronic radiculopathy in the L5 distribution with mild findings for chronic denervation and without findings for acute denervation; and normal EMG/NCS of the right lumbosacral distribution; borderline normal surgical sensory studies suggest possible borderline early peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: Percocet is a short acting opiate analgesic medication that can be used to treat moderate to severe pain for short-term relief. The medical records provided for review document that the patient is complaining of worsening knee pain and has a history of left knee medial/lateral meniscal tears with a complicated surgical history. The patient is being considered for a total knee replacement. The records also document pain reduction, functional improvement, and a response to treatment with the use of Percocet. The patient's pain is documented as being 8/10 and medications reduce it to 5-6/10. Thus, the request is medically necessary and appropriate.

CELEBREX 200MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 70.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Celecoxib may be considered if the patient has a risk of GI complications, but not for the majority of patients. The medical records do not establish the patient is at significant risk for GI complications. In fact in a note dated 1/13/13, the patient denies abdominal pain, nausea, vomiting, GERD or any other GI symptoms. The patient has had a reported intolerance and irritability to oral medications as documented in one note, but it was not clear which medication was causing it and patient has no formal diagnosis of gastritis, GERD, or peptic ulcer disease. The medical necessity of Celebrex has not been established. The request is not medically necessary and appropriate.

GRALISE 600MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: According to the MTUS Chronic Pain Guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records clearly establish the patient has neuropathic pain, thus in accordance with the guidelines, the medical necessity of Gralise has been established. The request is medically necessary and appropriate.

NORCO 10/325MG #20: Upheld

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

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

Decision rationale: According to the 10/7/2013 progress report, Norco was discontinued, as the patient preferred Percocet as it was more effective in controlling pain. Furthermore, one needs to consider the dose effect of taking two narcotic medications, in addition to the combined acetaminophen dose, which should not exceed 4g in 2 hours. More than this can result in hepatotoxicity. Since there is no evidence that the patient is significantly benefiting from the medication and the potential harm due to interactions with other opioid analgesics, the medical necessity of Norco has not been established. The request is not medically necessary and appropriate.