

Case Number:	CM13-0058179		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2012
Decision Date:	03/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 38 year-old male with a date of injury of 06/27/2013. The listed diagnoses per [REDACTED] are: 1) Lumbar radiculopathy 2) Bilateral knee internal derangement. According to report dated 10/24/2013 by [REDACTED], the patient presents with worsening of left knee pain. The patient states that "he feels his bones in his left knee rubbing as he is walking. The patient reports that physical therapy and medication help. Examination of the left knee showed medial inferior aspect of both knees is tender to palpation. McMurray's is positive bilaterally. Inferior patellas are also noted as tender to palpation bilaterally. MRI of the left knee was reviewed, which revealed "a tear of the mid-portion of the medial meniscus extending to the junction with the anterior horn." The patient expressed interest in surgical options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgeon consult for evaluation of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Page 127 Official Disability Guidelines (ODG) TWC 2010 (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 127

Decision rationale: The patient presents with worsening of left knee pain. Treater requests orthopedic consultation for possible surgical options for the left knee. Utilization review dated 11/13/2013 denied request stating, "It does not appear that conservative treatment has been exhausted for the left knee condition before considering surgical referral." ACOEM Practice Guidelines, page 127 states health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The patient has "worsening" of the left knee pain and would like to consider possible surgical option. At this juncture an orthopedic evaluation may be warranted for further additional expertise. Recommendation is for approval.

retrospective request for Medrox ointment apply to affected areas: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 AND Drugs.com.

Decision rationale: This patient presents with right wrist, right elbow, and right shoulder pain. The treater is requesting Medrox ointment. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox ointment specifically. The MTUS Guidelines does discuss topical agents, page 111, which states "it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." In addition, Drugs.com states Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7%, and capsaicin 0.050%. The MTUS Guidelines allows capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox ointment contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Therefore, the entire compound ointment is not recommended.

retrospective request for Omeprazole DR 20mg, one tablet daily #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The patient presents with worsening of left knee pain. The MTUS guidelines page 69 states, Omeprazole is recommended with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determining if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient is noted to be taking Ketoprofen, however the treater does not provide any GI risk assessment. There is no mention of gastric irritation, no peptic ulcer history, no concurrent use of ASA, anti-coagulation, etc. The requested Omeprazole is not medically necessary and recommendation is for denial.

retrospective request for Orphenadrine ER 100mg, 1 tablet two times a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63 AND 64.

Decision rationale: The patient presents with worsening of left knee pain. The treater requests Orphenadrine ER 100mg #60. This medication is a muscle relaxant, also called Norflex similar to Flexeril. MTUS guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. In this case, the requested Orphenadrine appears to be prescribed on a long-term basis. The reports do not indicate that this is to be used for short-term. Recommendation is for denial.

retrospective request for Norco 5/325, take 1 tablet two times a day, #60: Upheld

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 Criteria for Use of Opioids Page(s): 88-89.

Decision rationale: The patient presents with worsening of left knee pain. The treater requests Norco 5/325 #60. Utilization review dated 11/13/2013 modified certification from #60 to #30 for weaning purposes. For chronic opiates, the MTUS guidelines (MTUS pgs 88, 89) require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Review of the reports dated 08/01/2013 to 12/19/2013 do not mention of the patient's pain assessment and function as related to the use of Norco. Without such documentation, chronic use of opiates is not recommended per MTUS. Recommendation is for denial, and slow weaning of the medication.