

Case Number:	CM13-0060946		
Date Assigned:	12/30/2013	Date of Injury:	02/24/2012
Decision Date:	05/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 & 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 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 patient is a 36-year-old male with a date of injury of 02/24/2012. The listed diagnoses per [REDACTED] are 1. Left knee internal derangement with posterior medial meniscal tear. 2. Status post video arthroscopy, left knee arthroscopic medial meniscectomy. According to report dated 10/19/2013 by [REDACTED], the patient is now 16 months status post video arthroscopy of the left knee with arthroscopic posterior horn medial meniscectomy. The patient is having multiple episodes of his knee giving out with locking and catching. The treater is requesting a repeat video arthroscopy of the left knee and medial meniscectomy. MRI, which was performed on 02/22/2013, showed an undersurface recurrent tear of the medial meniscus of his left knee. Physical examination revealed range of motion is 5 to about 125 degrees with positive McMurray at the end of terminal flexion. Medial collateral anterior cruciate and lateral collateral ligaments are intact to varus, valgus and anterior and posterior stress. Flexion is 5 to 125 degrees on the right and 5 to 125 degrees on the left. Treater is requesting a refill of medications including Norco 5/325 mg #60 with 1 refill, Naprosyn 550 mg #60 with 1 refill, and Prilosec 20 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 MG #60 WITH ONE REILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids On-Going Management Page(s): 68,78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Use Page(s): 88,89.

Decision rationale: This patient presents with continued knee pain and is status post video arthroscopy of the left knee on 05/23/2013. The treater is requesting a refill of Norco 5/325 mg #60 with 1 refill. The treater is requesting refill of Norco 10/325 mg #120. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, MTUS states, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Medical records indicate the patient has been taking this medication since at least 02/22/2013, as this report requests a "refill." Review of reports from 02/22/2013 to 10/18/2013 does not provide any discussions regarding whether or not Norco has provided any pain relief or functional improvements. There are no discussions regarding significant changes in ADL's, or return to work due to opiate use. In addition, the treater does not use a numerical scale to assess patient's pain as required by MTUS. Given the lack of sufficient documentation warranting long-term opiate use, the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. Recommendation is for denial.

NAPROSYN 550MG #60 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: This patient presents with continued knee pain and is status post video arthroscopy of the left knee on 05/23/2013. The treater is requesting a refill of Naprosyn 550 mg #60 with 1 refill. For antiinflammatory medications, the MTUS Guidelines page 22 states "antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient has been taking Naprosyn since at least 02/22/2013, as this report requests a "refill." In this case, review of reports from 02/22/2013 to 10/18/2013 does not provide any discussions on the efficacy of this medication. Although this medication is indicated for the patient, one cannot tell that it is doing anything for the patient's pain and function. MTUS page 60 requires pain assessment and functional changes be documented when medication is used for chronic pain. The requested Naprosyn is not medically necessary and recommendation is for denial.

PRILOSEC 20MG #30 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: This patient presents with continued knee pain and is status post video arthroscopy of the left knee on 05/23/2013. The treater is requesting a refill of Prilosec 20 mg #30 with 1 refill. MTUS Guidelines states omeprazole recommended with precautions as indicated below: 1) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 2) Determine if the patient is at risk for gastrointestinal events (3) age is greater than 65 years, (4) history of peptic ulcer, GI bleeding, or perforation (5) concurrent use of ASA, corticosteroids and/or an anticoagulant or for high dose/multiple NSAID. The patient has been prescribed Prilosec together with Naprosyn since 02/22/2013. In this case, review of reports from 02/22/2013 to 10/18/2013 does not mention any gastric irritation, peptic ulcer history, no concurrent use of ASA, etc. The requested Prilosec is not medically necessary and recommendation is for denial.