

Case Number:	CM13-0068164		
Date Assigned:	06/13/2014	Date of Injury:	06/05/2013
Decision Date:	09/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 injured worker is a 64-year-old male who reported an injury on 06/05/2013. The mechanism of injury was not provided. On 12/04/2013, the injured worker presented with complaints of right sided knee pain with weakness. Upon examination of the right knee there was motor strength of 4/5, medial and lateral joint line tenderness noted over the patellar, crepitus, and decreased range of motion. Prior treatment included medication and the use of a knee brace. The diagnoses were meniscal tear lateral, meniscal tear medial, cruciate ligament, and "chondrom"/patella. The provider recommended 1 right knee PRP injection, 1 Functional Capacity Evaluation, and an unknown prescription of medications. The provider's rationale was that the injured worker declined surgical intervention and would like to try all other measures of treatment prior to considering surgical intervention. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: According to California MTUS Guidelines proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those seeking NSAID medications that are at moderate to high risk for gastrointestinal events. There is lack of evidence that the injured worker is at moderate to high risk for gastrointestinal events. Additionally, the injured worker's diagnosis is not congruent with the guideline recommendations for a PPI. The provider's request does not indicate the frequency of the medication or the quantity in the request as submitted. The request for Prilosec 20 mg is not medically necessary and appropriate.

Prescription of Cidaflex 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50.

Decision rationale: The California MTUS recommend Cidaflex as an option given its low risk, in injured with moderate arthritis pain, especially for knee osteoarthritis. The injured worker does not have a diagnosis congruent with the guideline recommendations of Cidaflex or Glucosamine Chondroitin sulfate. Additionally, the provider's request does not indicate the quantity or the frequency of the medication in the request as submitted. The request for Cidaflex 500 mg is not medically necessary and appropriate.

One right knee PRP (Platelet-rich plasma) injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Knee & Leg- Platelet-rich plasma.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Platelet-rich Plasma.

Decision rationale: The California MTUS/ACOEM Guidelines state that invasive techniques such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. The Official Disability Guidelines further state that platelet rich plasma is under studies. Platelet rich plasma has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. As the use of the PRP injections is still under studies, the injection would not be warranted. The request for 1 right knee PRP injection is not medically necessary and appropriate.

Prescription of Anaprox 550mg: 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
Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The injured worker has been taking Anaprox, however, the efficacy of the medication has not been provided. Additionally, the provider's request does not indicate the frequency or the quantity of the Anaprox in the request as submitted. The request for Anaprox 550 mg is not medically necessary and appropriate.