

Case Number:	CM14-0004115		
Date Assigned:	02/03/2014	Date of Injury:	12/23/2009
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 Sports Medicine, and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 12/23/2009. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 12/13/2013 reported the injured worker complained she continued to have left knee pain. The injured worker had a history of medial compartment arthrosis. The physical exam noted a slight effusion, as well as healed portal incision, the provider noted exquisite pain with direct palpation along the medial joint line, positive bounce home test, and positive McMurray's. The provider had submitted a request for a left knee medial compartment arthroplasty and xarelto for postoperative anticoagulation which has not yet been authorized. The provider requested Norco, Theramine, Xarelto. The request for authorization was provided and dated 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF NORCO 10/325 BETWEEN 12/20/2013 AND 2/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78-79.

Decision rationale: The injured worker complained she continued to have left knee pain, the injured worker had a history of medial compartment arthrosis. The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include, the current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the medication, how long it takes for pain relief, and how long pain relief last. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function and/or improved quality of life. The MTUS guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. There is a lack of clinical documentation indicating the rated pain level, or the efficacy of the medication. In addition the clinical documentation noted the urine drug screen was inconsistent, the prescribed medication was not detected on 08/13/2013. The MTUS also note satisfactory response is decreased pain, the injured worker noted continued pain in the left knee. Given the clinical information submitted, the request for 60 tablets of Norco 10/325 is non-certified.

12 TABLETS XARELTO 10 MG BETWEEN 12/20/2013 AND 2/13/2014: 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 AND LEG CHAPTER, RIVAROXABAN (XARELTO).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE AND LEG CHAPTER, RIVAROXABAN (XARELTO).

Decision rationale: The injured worker complained she continued to have left knee pain. The injured worker also had a history of medial compartment arthrosis. Per Official Disability Guidelines (ODG), Xarelto is recommended as an anticoagulation treatment option for patients with venous thromboembolisms (VTEs) of the leg. The clinical information provided had a lack of clinical information indicating the medical need for xarelto, the provider's intent was for post operative usage following surgery which had not yet been approved. Therefore, given the clinical information, the request for 12 tablets xarelto 10 mg is non-certified.

90 TABLETS OF THERAMINE BETWEEN 12/20/2013 AND 2/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, CHAPTER: PAIN, THERAMINE.

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

Decision rationale: The injured worker complained she continued to have left knee pain. The injured worker also had a history of medial compartment arthrosis. Per Official Disability

Guidelines (ODG), Theramine is a medical food that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The ODG also note there is no indication for the use of this product. Therefore, the request for 90 tablets of theramine is non-certified.