MAXIMUS Federal Services

Case Number:	CM14-0007424		
Date Assigned:	02/10/2014	Date of Injury:	04/13/2010
Decision Date:	07/29/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old male who has filed a claim for internal derangement of the knee associated with an industrial injury date of April 13, 2010. A review of progress notes indicates bilateral knee pain, with increasing weakness in the right knee. The patient reports popping and clicking, right more than the left. The patient also complains of low back pain. The pain in the right knee wakes the patient up at night. Findings include slightly decreased right knee range of motion with crepitus, and tenderness along the joint line. There was also tenderness along the lumbar region. The patient has an antalgic gait. X-ray of the right knee dated January 05, 2014 showed degenerative narrowing of the medial femorotibial joint space; mild narrowing of the patellofemoral joint space; a probable old healed fracture deformity at the medial aspect of the proximal tibial shaft, and post-surgical changes with no evidence of loosening of hardware. X-ray of the left knee showed degenerative osteosclerosis of the medial tibial articular surface; narrowing of the patellofemoral joint space; and presence of surgical hardware. The treatment to date has included NSAIDs, opioids, muscle relaxants, sedatives, Topamax, Glucosamine, topical analgesics, heat and cold modalities, physical therapy, corticosteroid injections, Hyalgan injections, right knee bracing, and left and knee arthroscopic surgeries (left in July 2012, right in June 2013). Utilization review from December 31, 2013 denied the requests for standing bilateral knee x-ray as there was no documentation of new trauma to the knee; weight unloading brace as documentation notes improvement with current braces, and MRI does not show signs of osteoarthritis; Tramadol ER 150mg #30 as there is no indication for prospective certification of this medication; Naproxen 550mg #60 as this is not recommended for long-term use; Protonix 20mg #60 as the patient does not meet the criteria for use of proton pump inhibitors; and Cyclobenzaprine 7.5mg #60 as this medication is not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

One standing x-ray of bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

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, Radiography (x-rays.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for knee x-rays include acute trauma due to fall or twisting injury with focal tenderness, effusion, or inability to bear weight; acute trauma for at least 2 days, with focal patellar tenderness, effusion, and ability to walk; acute trauma with suspicion of posterior knee dislocation; and nontraumatic, non-localized pain that is non-traumatic and nontumor. In this case, the patient does not present with the abovementioned conditions to warrant x-rays of the knees. There is also no indication as to the necessity of standing x-rays. Therefore, the request for standing x-ray of bilateral knees was not medically necessary.

One weight unloading brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

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, Unloader braces for the knee.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, unloader braces are used to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee. In this case, there are no findings to support osteoarthritis of the medial compartment of the knee. Therefore, the request for weight unloading brace was not medically necessary.

One prescription of Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 72-82.

Decision rationale: As noted on page 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since December 2012. Tramadol is indicated for moderate to severe pain. It may increase the risk of seizure especially in patients taking SSRIs, TCAs, and other opioids. It may produce serotonin syndrome when used concomitantly with SSRIs, SNRIs, TCAs, MAOIs, and triptans or drugs that impair serotonin metabolism. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Also, this patient is also on Norco, and use with Tramadol may increase seizure risk. Therefore, the request for Tramadol ER 150mg #30 was not medically necessary.

One prescription for Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since December 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Naproxen 550mg #60 was not medically necessary.

One prescription of Protonix 20mg #60: Upheld

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

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

Decision rationale: According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on Prilosec since December 2012, and on this medication since October 2013. However, there is no

documentation of the abovementioned criteria in this patient, and the request for naproxen was also not authorized. Therefore, the request for Protonix 20mg #60 was not medically necessary.

One prescription of Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The patient has been on this medication since November 2013. There is no documentation of muscle spasms to support this request. Also, this medication is not recommended for long-term therapy. Therefore, the request for Flexeril 7.5mg #60 was not medically necessary.