MAXIMUS Federal Services

Case Number:	CM14-0101587		
Date Assigned:	07/30/2014	Date of Injury:	03/30/2006
Decision Date:	09/11/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51 year-old individual was reportedly injured on March 30, 2006. The mechanism of injury is undisclosed. The most recent progress note, dated June 9, 2014 indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated well healed surgical scars, a normal range of motion and no other particular findings were noted. Diagnostic imaging studies reportedly noted a chondromalacia patella and a meniscal lesion. Previous treatment included a knee arthroscopy completed in June 2013, postoperative rehabilitation physical therapy, aquatic therapy and conservative pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, #60, between 6/10/14 and 9/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: When noting the date of injury, the date of the most recent knee surgery, the changes identified on enhanced imaging studies and the physical examination reported; there is no clear clinical indication for the indefinite use this medication. While noting that this is recommended as an option, there is also a requirement that there be objectification of improvement. Seeing none, there is no clinical indication presented to continue this medication this time. Therefore, this request is not medically necessary.

Quazepam 15mg #30, between 6/10/14 and 9/11/14: 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), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The medical records indicate a recent surgical intervention, as well as the degenerative changes noted on enhanced imaging study. There was no indication of a muscle spasm or need for a skeletal muscle relaxant medication. Furthermore, this medication is not recommended as a risk of dependence is exceedingly high. Therefore, this request is not medically necessary.

Tramadol HCL ER 150 mg #30, between 6/10/14 and 9/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: When noting the date of injury, the injury sustained, the arthroscopic surgery completed more than one year ago and the current physical examination, there is no clear clinical indication presented for the need for a second line opioid analgesic medication. Furthermore, the progress notes did not indicate that there was any noted efficacy or utility or amelioration, symptomatology associated with the use of this medication. Thus, when considering the parameters noted in the MTUS and by the clinical information presented for review, this request is considered not medically necessary.

Carisoprodol 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: As noted in the MTUS, use of this medication is not recommended. This medication is not indicated for long term use, while noting that it is commonly prescribed, the primary metabolite is meprobamate, which is a Schedule five controlled substance. There is no clinical indication provided for the long term or indefinite use of this medication, and there is no noted efficacy based in the progress notes presented for review. Therefore, this request is not medically necessary.

Omeprazole 20 mg #60, between 6/10/14 and 9/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and is considered a gastric protectant against those individuals using nonsteroidal medications. As noted previously, there is no clinical indication for the continued use of nonsteroidals. Furthermore, the progress notes did not identify any gastric complaints, issues of gastritis or any clinical reason why this medication would be warranted. Therefore, this request is not medically necessary.

Cyclobenzaprine HCL 7.5 mg #60, between 6/10/14 and 9/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: The last several progress notes focused on the lower extremity injury. It was noted that a new surgery was completed over one year ago. Subsequent to that, there were ongoing complaints of knee pain and there were no findings of physical examination to explain these complaints. Additionally, there was no notation of a skeletal muscle issue that required medication. Lastly, while this medication is an option, it is only used for a short course of therapy after an acute flare. Seeing none, there is no clinical indication presented to support the use of this medication, and is considered not medically necessary.

16 Session of aquatic therapy between 5/30/14 and 8/12/14: 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), Physical Therapy.

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

Decision rationale: Aquatic therapy is recommended as an optional form of physical therapy, where available, and when land based physical therapy is not able to be accomplished. There is nothing in the progress notes that indicate that standardized land based therapy is not available to this individual. Therefore, when noting the date of injury, the date of surgery, the type of surgery rendered and the metaphysical therapy completed with no clinical indication for this aquatic therapy intervention, and is therefore not medically necessary.