

Case Number:	CM14-0103598		
Date Assigned:	07/30/2014	Date of Injury:	08/14/2009
Decision Date:	09/23/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 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:

According to the records made available for review, this is a 65-year-old male with an 8/14/09 date of injury, status post left total knee replacement surgery on 8/5/13, right knee arthroscopy in 2012, and left knee manipulation under anesthesia on 1/15/14. At the time (5/20/14) of request for authorization for L knee MUA, total R knee replacement, Diclofenac XR 100 mg #60, Omeprazole 20MG #60, and Tramadol ER 150MG #30, there is documentation of subjective (worsening moderate to severe right knee pain, left knee pain with loss motion, and difficulty performing activities of daily living) and objective (positive tenderness over the paracervical musculature with decreased cervical extension due to pain; antalgic gait, left knee scarring with decreased flexion of 120 degrees, normal motor strength, no joint line tenderness, negative McMurray's and Lachman's tests; right knee decreased flexion of 120 degrees, positive effusion, positive crepitus, positive medial and lateral joint line tenderness, and positive patellofemoral facet tenderness) findings, imaging findings (X-ray of the left knee (4/7/14) report revealed total knee arthroplasty; a 4.4mm band of periprosthetic radiolucency inferior to tibial stem which may be suggestive of hardware failure, infection or loosening; X-ray of the right knee (4/7/14) report revealed femorotibial joint osteoarthritis; MRI of the right knee (5/4/14) report revealed intrasubstance degeneration of the medial meniscus; tear is not entirely excluded, and moderate joint effusion), current diagnoses (status post left total knee replacement surgery, contracture of the left knee, right knee degenerative joint disease, low back pain with radiculopathy, and cervical strain with radiculopathy), and treatment to date (medications (including ongoing therapy with Diclofenac, Oxycontin, Tramadol, Oxycodone, Valium, Omeprazole, Norco, and Trazodone), Synvisc injection therapy, physical therapy, and bracing). In addition, 7/15/14 medical report identifies tricompartmental osteoarthritis. Regarding L knee MUA, there is no documentation of a condition/diagnosis (with supportive objective findings) for which

manipulation under anesthesia of the knee is indicated (after total knee arthroplasty (in patients who fail to achieve >90 degrees of flexion). Regarding total R knee replacement there is no documentation of additional objective findings (Body Mass Index of less than 35). Regarding Diclofenac XR 100 mg #60, there is no documentation of Diclofenac used as second line therapy and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use Diclofenac. Regarding Tramadol ER 150MG #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left KNEE MUA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UR STUDIES.

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, Manipulation under anesthesia (MUA).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which manipulation under anesthesia of the knee is indicated (such as arthrofibrosis and/or after total knee arthroplasty (in patients who fail to achieve >90 degrees of flexion in the early perioperative period, or after six weeks) and only after a trial (six weeks or more) of conservative treatment (exercise, physical therapy and joint injections) have failed to restore range of motion and relieve pain, as criteria necessary to support the medical necessity of manipulation under anesthesia of the knee. Within the medical information available for review, there is documentation of diagnoses of status post left total knee replacement surgery, contracture of the left knee, right knee degenerative joint disease, low back pain with radiculopathy, and cervical strain with radiculopathy. In addition, there is documentation of a left total knee arthroplasty and failure of conservative treatment (exercise, physical therapy and joint injections). However, despite documentation of objective findings (left knee healed scar with decreased flexion of 120 degrees), there is no documentation of a condition/diagnosis (with supportive objective findings) for which manipulation under anesthesia of the knee is indicated (after total knee arthroplasty (in patients who fail to achieve >90 degrees of flexion). Therefore, based on guidelines and a review of the evidence, the request for L knee MUA is not medically necessary.

TOTAL R KNEE REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UR TOTAL KNEE ARTHROPLASTY (TKA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Joint Replacement.

Decision rationale: MTUS does not address the issue. ODG necessitate documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and conservative treatment (physical modality, medications, and either Viscosupplementation injections or steroid injection), as criteria necessary to support the medical necessity of total knee arthroplasty. Within the medical information available for review, there is documentation of diagnoses of status post left total knee replacement surgery, contracture of the left knee, right knee degenerative joint disease, low back pain with radiculopathy, and cervical strain with radiculopathy. In addition, there is documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and joint pain), objective findings (over 50 years of age), imaging findings (osteoarthritis on standing x-ray), and conservative treatment (physical modality, medications, and Viscosupplementation injections). However, there is no documentation of additional objective findings (Body Mass Index of less than 35). Therefore, based on guidelines and a review of the evidence, the request for total R knee replacement is not medically necessary.

DICLOFENAC XR 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium (Voltaren, Voltaren-XR).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Diclofenac is not used as first line therapy due to increased risk profile. Within the medical information available for review, there is documentation of diagnoses of status post left total knee replacement surgery, contracture of the left knee, right knee degenerative joint disease, low back pain with radiculopathy, and cervical strain with radiculopathy. In addition, there is documentation of documentation of moderate to severe osteoarthritis pain. However, there is no documentation of Diclofenac used as second line therapy. In addition, given documentation of

ongoing treatment with Diclofenac, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use Diclofenac. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac XR 100 mg #60 is not medically necessary.

OMEPRAZOLE 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of status post left total knee replacement surgery, contracture of the left knee, right knee degenerative joint disease, low back pain with radiculopathy, and cervical strain with radiculopathy. In addition, given documentation of chronic NSAID therapy, there is documentation of preventing gastric ulcers induced by NSAIDs. Furthermore, there is documentation of risk for gastrointestinal event (age > 65 years). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20MG #60 is medically necessary.

TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80,113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to

support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post left total knee replacement surgery, contracture of the left knee, right knee degenerative joint disease, low back pain with radiculopathy, and cervical strain with radiculopathy. In addition, there is documentation of moderate pain and Tramadol used as a second-line treatment (in combination with first-line drugs (NSAID)). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150MG #30 is not medically necessary.