

Case Number:	CM14-0010146		
Date Assigned:	02/21/2014	Date of Injury:	03/31/2005
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopedic Surgery 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 59 year old male who sustained an injury on 03/31/05 when he tripped and fell landing on both knees. The injured worker has had multiple surgical procedures to include a right total knee replacement as well as left knee arthroscopy. There are continued complaints of pain in the right knee with feelings of instability. The injured worker had further right knee arthroscopy procedures completed in March of 2013 followed by postoperative physical therapy. The injured worker did report improvements following this procedure. The injured worker was seen on 09/30/13 with continuing complaints of bilateral knee pain, right side worse than left. The injured worker was utilizing Nabumetone, Omeprazole, and Cyclobenzaprine. There was noted abdominal pain in the clinical record. On physical examination, there was noted a positive patella femoral grinding test to the right and left. Mild weakness was noted at the right knee on extension and flexion. Tramadol was continued at this visit and a urine tox screen was ordered. Follow up on 11/18/13 noted no change in the injured worker's pain scores. Physical examination continued to note loss of range of motion in the right knee versus the left with mild weakness. There was pain noted with McMurray's testing. There was some instability noted with Lachman and anterior drawer testing. Norco 10/325mg as well as Tramadol was continued in addition to Prilosec. Follow up on 12/30/13 noted no change in the injured worker's complaints of pain in the bilateral knees. Physical examination findings remained essentially unchanged. The report did note consistent findings for Hydrocodone and Tramadol on 11/18/13. Both medications were continued at this visit. Follow up on 02/03/14 noted unchanged pain scores for the bilateral knees. Physical examination findings remained unchanged in regards to range of motion and strength of the right knee versus the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation

Decision rationale: Under the Official Disability Guidelines (ODG) Fitness for Duty Chapter, the requested functional capacity evaluation, is not medically necessary. The clinical documentation provided for review did not indicate whether there are any questions regarding a return to work or functional restrictions. There were no clear plans for any type of tertiary work conditioning or work hardening program. Without any indications of functional deficits that were questioned in regard to a return to work or any indications of further rehabilitation programs, the request would not be medically necessary.

PRESCRIPTION OF NORCO 10/325MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regard to the request for Norco 10/325mg, quantity 60, the clinical documentation provided for review did not identify any clear functional benefit or pain reduction attributed to this medication. Short acting narcotics such as Norco can be considered in the treatment of moderate to severe musculoskeletal complaints; however, Chronic Pain Medical Treatment Guidelines, recommends ongoing assessment regarding the efficacy of opiate medications. Given the lack of any clear indication that the injured worker had any substantial functional improvement or pain reduction with this medication, this request is not found to be medically necessary.

PRESCRIPTION OF PRILOSEC 20MG, #80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: Under the ODG, the request for Prilosec 20mg, quantity 80, the clinical documentation provided for review would not have supported this medication as medically necessary. There is no clear indication of any substantial side effects from oral medications such as acid reflux or gastritis. There is no other documentation regarding an ongoing diagnosis of gastroesophageal reflux disease which would have required the use of a proton pump inhibitor. Therefore, the request is not medically necessary.

PRESCRIPTION OF LIDODERM PATCHES #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
LIDODERM Page(s): 56.

Decision rationale: The clinical documentation submitted for review would not have supported this medication as medically necessary. There is no clear indication of any neuropathic conditions for this injured worker that would require the use of this medication as recommended by Chronic Pain Medical Treatment guidelines. There is also no discussion regarding standard 1st line medication for the treatment of neuropathic pain such as anticonvulsants or antidepressants. As the clinical documentation submitted for review did not meet guideline recommendations regarding this requested medication, the request is not medically indicated.