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| Case Number: | CM14-0011118 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 04/11/2011 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 01/28/2014 |

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 Occupational Medicine 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 patient is a 58-year-old female who has filed a claim for contusion of knee associated with an industrial injury date of April 11, 2011. Review of progress notes indicates that physical therapy and medications help with the knee pain symptoms. Findings include bilateral knee tenderness, decreased sensation along the right knee, decreased strength of bilateral lower extremities, and spasms of bilateral quadriceps. Treatment to date has included gabapentin, NSAIDs (non-steroidal anti-inflammatory drugs), opioids, physical therapy to both knees, knee bracing, injections to the left knee, and right knee surgeries in May 2011 and September 19, 2013. Patient is currently on Naprosyn, omeprazole, Neurontin, and Flexeril. Utilization review from January 28, 2014 denied the requests for left knee surgery as there were no complaints, functional deficits, or imaging studies regarding the left knee; physical therapy 2x4 for the right knee as there was no documentation regarding the objective functional deficits; Naprosyn 550mg #100 and Flexeril 7.5mg #90 as there was no documentation regarding ongoing functional benefits; omeprazole 20mg #100 as there was no documentation of GI risk or symptoms; Neurontin 600mg #100 as there was no documentation of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347, 345.

Decision rationale: The specific type of requested surgery is not indicated. There is no imaging study of the left knee in the submitted documentation. There is also no indication of significant pathology or functional deficits referable to the left knee, as would be required per the recommendations in the MTUS. Additional information is necessary to support this request. Moreover, the specifics of the surgery requested were not stated. Therefore, the request for left knee surgery is not medically necessary or appropriate.

Eight sessions of physical therapy (PT) for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The patient has had two courses of physical therapy after right knee surgery in September 2013. The requesting physician notes that another course of physical therapy is needed as the patient is not able to perform independent home exercises, and could still improve functionally with additional sessions. However, there is no documentation describing the amount of previous physical therapy sessions, the objective functional benefits derived from them, or the current functional deficits. Additional information is needed to support this request. Therefore, the request for eight sessions of physical therapy for the right knee is not medically necessary or appropriate.

Naprosyn 550 mg, 100 count: Upheld

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

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

Decision rationale: According to the 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 2012. Although the patient has been able to manage the pain without opioid medications, there is no documentation regarding the objective functional benefits derived from this medication. Additional information is required to support the continued use of this

medication. Therefore, the request for Naprosyn 550 mg, 100 count, is not medically necessary or appropriate.

Omeprazole 20 mg, 100 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed 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. Patient has been on this medication since March 2012. The patient developed gastritis while taking NSAIDs, which has been controlled with omeprazole. However, recent progress notes do not indicate any upper GI symptoms, or presence of the abovementioned risk factors, to support the continued use of this medication. Even so, Naprosyn has been deemed not medically necessary. Therefore, the request for Omeprazole 20 mg, 100 count, is not medically necessary or appropriate.

Neurontin 600 mg, 100 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since March 2012 for the paresthetic pain around the bilateral knees. However, the submitted documentation does not clearly show evidence of neuropathic pain. Additional information is necessary to support this request. Therefore, the request for Neurontin 600 mg 100 count is not medically necessary or appropriate.

Flexaril 7.5 mg, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 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 four days of treatment. Patient has been on this medication since December 2013 for spasms of the bilateral quadriceps. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, and the patient still presents with persistent spasms. Also, long-term use is not recommended. Therefore, the request for Flexeril 7.5 mg, ninety count, is not medically necessary or appropriate.