

Case Number:	CM14-0180199		
Date Assigned:	11/04/2014	Date of Injury:	11/08/2013
Decision Date:	12/11/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Interventional Spine 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 45 year old male with an injury date of 11/08/13. The 09/30/14 report by ■■■ states that the patient presents 11 days post-operative filled with fluid and with a tight knee. The patient used a crutch to ambulate and is temporarily totally disabled for at least 3 additional weeks. Examination shows range of motion of the knee only 15-50 improving to 0-80 following aspiration. The patient's diagnoses are: 1. Right knee medial meniscus tear, causing a locked knee 2. Anxiety 3. insomnia 4. Obesity 5. Resolved hematoma right calf 6. Resolved sprain/strain of the right thigh 7. Status post right subtotal medial meniscectomy (01/17/14) 8. Chondroplasty of the patella (01/17/14), 9. Status post synovectomy and exploration of the right knee. Medications are listed as Xanax, Prilosec, Keflex, and Norco. The utilization review being challenged is dated 10/10/14. Reports were provided from 01/14/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

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

Decision rationale: The patient presents 11 days postoperative synovectomy and chondroplasty with fluid and tightness in the knee. The provider requests are for Xanax 1mg #60 (Alprazolam a Benzodiazepine). The reports show the patient has been taking this medication since at least 01/14/14. MTUS page 24 Benzodiazepines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The provider states this medication is for sleep and the patient is documented with sleep problems including use of the Epworth Sleep Scale on 01/14/14. The provider does not state in the reports provided whether or not the medication helps the insured. In this case, the reports show use of this medication far longer than the 4 weeks recommended by MTUS. Therefore, this request is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 69.

Decision rationale: The patient presents 11 days postoperative synovectomy and chondroplasty with fluid and tightness in the knee. The provider requests for: Prilosec 20mg #90 (Omeprazole). The reports show the patient has been taking this medication since at least 01/14/14. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, page 69 states Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1.Age is more than 65 years. 2.History of peptic ulcers, GI bleeding, or perforations. 3.Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4.High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The provider states this medication is used to protect the stomach; however, it is not stated whether or not the medication is helping the patient. The reports show use of Ibuprofen (an NSAID) on 03/25/14 and 05/30/14; however, the more recent reports of 08/20/14 and 09/30 do not show use of NSAID or Aspirin (ASA). Furthermore, no GI assessment is provided as required by MTUS. Therefore, Prilosec 20mg #90 is not medically necessary and appropriate

Topical cream: Gabapentin/Ketoprofen/Tramadol) 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents 11 days postoperative synovectomy and chondroplasty with fluid and tightness in the knee. The provider requests for topical cream Gabapentin/Ketoprofen/Tramadol 550 mg. The reports show the patient has been using this medication since at least 01/14/14. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." The provider states this medication seems to help the patient's pain. However, MTUS states that Ketoprofen is not FDA approved for topical application, and specifically states that Gabapentin is not recommended in the topical creams section. Furthermore, Tramadol is not approved for topical formulation. Therefore, Gabapentin/Ketoprofen/Tramadol) 550mg is not medically necessary and appropriate.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: The patient presents 11 days postoperative synovectomy and chondroplasty with fluid and tightness in the knee. The provider requested Norco 10/325 mg #60 (Hydrocodone/Acetaminophen) an opioid. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided show use of this medication as early as 01/14/14. The 09/30/14 and 06/24/14 reports state the patient is using Norco; however, the 08/12/14, 05/30/14 and 03/25/14 do not mention the medication. The urine drug screen (UDS) of 06/24/14 states that Tylenol 3 is prescribed. The provider does not state whether or not Norco helps the patient. Pain is not regularly assessed through the use of pain scales. The only mention is on 01/14/14 when pain is rated 8/10, worst pain 10/10, average 7/10, frequency 10/10 and activity increases pain to 9/10. Results of an activity of daily living (ADL) questionnaire are provided on 01/14/14 showing the following activity limitations due to pain: Walking one block 8/10; Lifting 10 pounds 9/10; Sitting for 30 minutes 7/10; Standing for 30 minutes 9/10; Sleeping 8/10; Social activities 9/10; Traveling up to 1 hour in a car 9/10; Limiting activities to prevent pain 9/10; Family relationships 9/10; Bathing 9/10; Chores 9/10; Dressing 8/10; Writing and typing 6/10; Sexual activity 10/10; and Concentration 9/10. However, no recent specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are partially discussed. Four reports from 05/30/14 to 09/30/14 state that a UDS screen was performed. Not all of these reports are discussed. Urine toxicology reports from 05/13/14 and 06/24/14 are provided but do

not show use of Opioids or codeine. The discrepancy is not explained; however, the provider does note the 06/24/14 report shows alcohol use. Adverse side effects or adverse behavior are not discussed. Outcome measures are only partially provided on 01/14/14 as stated above. In this case, long-term opioid use has not been sufficiently documented as required by MTUS. Therefore, Norco 10/325mg #60 is not medically necessary and appropriate