

Case Number:	CM14-0180673		
Date Assigned:	11/05/2014	Date of Injury:	06/30/2003
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male who had a work injury dated 6/30/03. The diagnoses include degenerative joint disease status post total knee arthroplasty 8/30/13, left knee likely periprosthetic stress fracture, left knee. Under consideration are requests for Ibuprofen # 90 and Norco 10/325 mg # 60. An 11/3/14 progress note states that the injured worker had a total knee arthroplasty performed on 8/30/13. The injured worker is also status post right total knee arthroplasty performed on 4/25/2011. He rates his pain as moderate at rest and moderate with activity. He has had previous treatment for this injury including: relative rest & observation, NSAIDs, activity modification, a home exercise program, physical therapy, pain medications, and surgery. His strength and ability to walk are slowly improving with aqua therapy, but he continues to have significant pain which is worse with starting up and after therapy. On exam blood pressure is 130/67. The left knee reveals a well healed incision, tenderness just lateral to proximal of femoral aspect of prosthesis, persistent and significant quad atrophy. The range of motion is 0-120 degrees. The injured worker can maintain straight leg raise. There is moderate pedal edema. The left leg is neurologically intact. The right knee has full range of motion and is neurologically intact. CT Results of the left knee from 8/6/14 - 1. Linear focus of sclerosis in the distal femur immediately superior to the prosthesis. This is of uncertain clinical significance with a stress fracture at this site not excluded. Consider further evaluation with a bone scan. There is limited visualization due to prosthesis artifact. 2. Partially imaged small joint effusion. 3. Three corticated ossicles posterior to the medial tibial plateau, possibly intra articular. Bone Density Scan 5/27 /14 -The left knee showing a subtle finding of focal asymmetric slight increased uptake in the posterior aspect of the medial femoral condyle region of the distal left femur. This is asymmetrically increased compared to the medial condyle region and the opposite

prosthesis. This is a subtle finding, but possibly represents a small stress fracture in this region. CT correlation may be useful to determine if there is an occult stress fracture in the medial condylar region of the left knee prosthesis. The treatment plan includes aqua therapy, Ibuprofen, Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 67-72.

Decision rationale: Ibuprofen #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs can be used at the "lowest dose for a short duration for pain." NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension and can cause fluid retention, edema, and rarely, congestive heart failure. The documentation reveals that the injured worker has moderate pedal edema which NSAIDs can exacerbate. Furthermore there is no strength of Motrin requested and the guidelines only recommend this as a short term medication. The injured worker also has a history of elevated blood pressure which can be exacerbated with NSAIDs. The documentation indicates injured worker has used NSAIDs dating back to 2006 without significant functional improvement. The request for Ibuprofen #90 is not medically necessary.

Norco 10/325 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325 mg # 60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the injured worker has been on long term opioids without significant functional improvement therefore the request for Norco 10/325mg #60 is not medically necessary.

