

Case Number:	CM14-0026862		
Date Assigned:	06/13/2014	Date of Injury:	08/16/2010
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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, 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 55 year old with an injury date on 8/16/10. Based on the 1/6/14 progress report provided by [REDACTED] the diagnoses are: 1. right knee status post arthroscopy x2. 2. left knee status post arthroscopy x2. 3. right knee degenerative joint disease. 4. left knee degenerative joint disease. Exam on 1/6/14 showed "knee range of motion, restricted at flexion: Right 0-90 degrees, left 0-120 degrees. Swelling 1+ bilaterally. Medial joint line tenderness 2+ on right, 1+ on left. Lateral joint line tenderness 1+ on right, negative on left." [REDACTED] is requesting Norco 10/325 mg #60, Anaprox DS 550mg #60, Prilosec 20mg #60, Fexmid 7.5mg #60. The utilization review determination being challenged is dated 2/5/14 and rejects Anaprox due to lack of documentation of inflammatory condition. [REDACTED] is the requesting provider, and he provided treatment reports from 12/18/13 to 5/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78.

Decision rationale: This patient presents with bilateral knee pain, stiffness, and swelling and is s/p right knee arthroscopy from 9/18/12 and left knee arthroscopy from 2/27/13. The provider has asked Norco 10/325 mg #60 but no RFA included in provided reports. Review of the report shows patient has been taking Norco as early as 7/2/13. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

ANAPROX DS 550MG, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: This patient presents with bilateral knee pain, stiffness, and swelling and is s/p right knee arthroscopy from 9/18/12 and left knee arthroscopy from 2/27/13. The provider has asked Anaprox DS 550mg #60 but no RFA included in provided reports. Patient has been taking Anaprox since 7/2/13 according to 1/7/14 AME. 1/7/14 AME also states patient's pain is eased by medication use. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the provider has asked for Anaprox which is indicated for her advanced degenerative knee arthritis. Recommendation is for authorization.

PRILOSEC 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with bilateral knee pain, stiffness, and swelling and is s/p right knee arthroscopy from 9/18/12 and left knee arthroscopy from 2/27/13. The provider has asked Prilosec 20mg #60 but no RFA included in provided reports. Patient has been taking Prilosec since 7/2/13 per 1/7/14 AME. Patient does complain of stomach upset from medications on 1/7/14 AME but included reports do not mention efficacy of Prilosec in relation to effect on GI pain. Regarding medications for chronic pain, MTUS pg. 60 states provider must

determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, patient has been taking Prilosec for 7 months with no mention of effectiveness. Requested Prilosec is not indicated, as MTUS does not recommend routine prophylactic use along with NSAID without GI risk assessment. Recommendation is for denial.

FEXMID 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with bilateral knee pain, stiffness, and swelling and is s/p right knee arthroscopy from 9/18/12 and left knee arthroscopy from 2/27/13. The provider has asked Fexmid 7.5mg #60 but no RFA included in provided reports. Patient is currently taking Cyclobenzaprine per 1/7/14 AME, apparently due to an exacerbation in lower back pain. Review of the reports do not show any evidence of Fexmid being taken in the past. Regarding Cyclobenzaprine, MTUS recommends as an option, using a short course of therapy for back pain and as post-op use. In this case, patient is suffering from chronic low back pain and the provider does not indicate that requested Fexmid is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. Recommendation is for denial.