MAXIMUS Federal Services

Case Number:	CM14-0027151		
Date Assigned:	06/13/2014	Date of Injury:	12/31/2012
Decision Date:	07/24/2014	UR Denial Date:	02/12/2014
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 and is licensed to practice in Louisiana. 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 49 year old male who was injured on 12/31/2012 while he was performing his regular job duties. He was carrying a box weighing 75 pounds and walking over snow covered steps when the package slipped due to his ongoing shoulder complaints. He tried catching the box but his foot slipped causing him to fall onto his right side hitting the lateral aspect of his right knee into the edge of the step. Prior treatment history has included 2 corticosteroid injections to the right knee of unknown date and unknown outcome. Medications include: Protonix DR 20 mg, Ibuprofen 800 mg, and Norco 10/325 mg. Progress report dated 01/30/2014 documented the patient complaining of pain in the right knee. The pain is associated with weakness in the right leg. The pain was constant in frequency and moderate in intensity. He rates the severity of the pain as 4/10 at its best and 8/10 at its worst. The average level of his pain during the past seven days is 6/10. He described the pain as sharp, throbbing, dull, aching and pressure like as well as muscle pain. The pain is aggravated with prolonged standing, sitting, kneeling, prolonged walking and lifting and carrying of items. He further stated that he can only lift or carry items weighing less than 10 pounds. The pain is relieved with taking medication and bracing to the affected area. He reports having constipation. The patient states that his symptoms have been worsening since the injury. He states that he can stand for ten to fifteen minutes at a time. In regards to functional limitation in the past month, the patient avoids going to work, physically exercising and participating in recreation because of his pain. Objective findings one exam include the patient has antalgic gait and does not use assistive devices. The right knee examination reveals the range of motion is restricted with flexion limited to 125 degrees limited by pain and extension is limited to 0 degrees. Crepitus is noted with active movement. Tenderness to palpation is noted over the lateral joint line. There is 1+ effusion in the right knee. Patellar grind test is negative. McMurray's test is positive. There is audible popping sound from

the right knee with active flexion of the right knee. There is pain with passive varus maneuver of the right knee but no pain with valgus maneuver. There is a mid range right knee click in range of motion from flexion to extension. There is lateral right knee laxity. Diagnoses:1.Right knee pain2.Right knee degenerative joint disease3.Right knee internal derangementPlan: Refer to second medical opinion and orthopedic knee evaluation. Physical therapy course is recommended. The following medications were prescribed: Opana ER 5 mg, Norco 10/325 mg, Motrin 800 mg, Protonix DR 5 mg. Utilization report dated 02/12/2014 states the request for 1 prescription of Norco 10/325 mg #120 has been modified to certification of 1 prescription of Norco 10/325 mg #90 between 01/30/2014 and 04/06/2014, prescription request for Opana ER #60 between 01/30/2014 and 04/06/2014 is not certified, and the request for 1 prescription of Protonix DR 20 mg #60 between 01/30/2014 and 04/06/2014 is not certified. The rationale for the Norco it appeared it was not medically necessary as the use of Norco is no longer effective therefore was modified to a lesser dose for tapering. The Opana did not get certified due to this medication did not successfully manage the patient or improve the patient's function. The Protonix was denied as there was no evidence to support the request and does not meet the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-96.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommends the use of Norco for moderate to moderately severe pain. Continued use of the medication depends on if there is a meaningful reduction in pain and improvement in function. The submitted documents suggest that the patient experienced worsened pain and function despite us of Norco. Thus, it appears that the use of Norco is no longer effective and not medically necessary. However, abrupt discontinuation is not recommended.

OPANA ER 5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-96.

Decision rationale: As noted above the patient's use of opioid medication did not successfully manage the patient's symptoms or improve the patients function. Thus, starting another opioid

medication to manage the patient's symptoms is not medically necessary. Therefore, the request for Opana ER 5mg #60 is not medically necessary and appropriate.

PROTONIX DR 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk-PPIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

Decision rationale: The Califonia Chronic Pain Guidelines recommend a proton pump inhibitor when the patient is at intermediate risk for gastrointestinal evenst and no cardiovascular disease. The patients past medical history suggest that the patient is not suffering from a gastrointestinal condition. This request is not medically necessary.