

Case Number:	CM14-0032782		
Date Assigned:	06/20/2014	Date of Injury:	12/15/2006
Decision Date:	08/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 Orthopedic Surgery 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 injured worker is a 56-year-old female who was reportedly injured on December 15, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 18, 2014, indicated that there were ongoing complaints of minimal knee pain. The physical examination demonstrated a 5'3, 170 pound individual who is normotensive (120/80). There was a well healed surgical incision. Active range of motion was without significant pain. There was no altered gait pattern reported and no distal edema of the leg. Motor function was rated 5/5. Diagnostic imaging studies objectified a good position of the implants. Previous treatment included total knee arthroplasty, post-operative physical therapy and transition to home exercise program. A request was made for multiple medications and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: When noting the date of injury, the date of surgery, the response to the total knee arthroplasty, in particular the physical examination and the declaration that there was minimal pain, there was no clinical indication for narcotic analgesics. As outlined in the California Medical Treatment Utilization Schedule, this medication is for the short-term management of moderate to severe breakthrough pain. Based on the progress notes reviewed, this clinical situation did not exist. As such, the request of Hydrocodone 10/325 mg # 120 is not medically necessary and appropriate.

Tizanidine 4 mg # 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 Anti-Spasticity/Anti-spasmodic drugs Page(s): 66.

Decision rationale: This is a female who underwent total knee arthroplasty. This medication is for the management of spasticity. As outlined in the progress notes, there was a rather complete and nearly painless range of motion after total knee arthroplasty. As such, given the physical examination findings reported, noting the date of surgery and by the parameters outlined in the California Medical Treatment Utilization Schedule, Tizanidine 4 mg # 60 is not medically necessary and appropriate.

Pantoprazole 20 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter/ Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor designed to treat those with the diagnoses of gastroesophageal reflux disease or other gastrointestinal complaints. There was no noted gastritis, abdominal complaints, or clinical indications that this medication was clinically indicated. As such, the request for Pantoprazole 20 mg # 30 is not medically necessary and appropriate.

Tramadol 50 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: When noting the date of injury, the date of surgery, and the findings identified with the most recent progress notes reviewed, this individual is doing extremely well and has only pain and stiffness. As such, when noting that transition to a home exercise protocol has been accomplished, and there were no significant pains, there was no clinical indication for a centrally acting synthetic opioid analgesic. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and by the clinical assessment reported, the request of Tramadol 50 mg # 60 is not medically necessary and appropriate.