

Case Number:	CM14-0034521		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2008
Decision Date:	12/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/19/2014

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 & 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 56 years old male with an injury date of 11/20/08. Based on the 01/03/14 progress report provided by treating physician, the patient complains of right knee pain rated 4/10. The patient is status post right total knee arthroscopy 09/13/13. Patient presents with slightly antalgic gait. Physical examination to the right knee revealed minimal tenderness to palpation and no evidence of instability. Patient's medications include Norco, Ultram, Protonix and Mentoderm per progress reports dated 08/15/13 and 01/03/14. Patient had urine drug screen per progress report dated 10/10/13. Patient's pain is rated 3-5/10. Treater states that medications help. Patient started physical therapy. Patient is temporarily totally disabled. MRI- arthrogram right knee on 07/21/11- marked DJD patella, MFC with CM patella. Diagnosis on 10/10/13 and 01/03/14:- Right knee internal derangement, status post arthroscopy, status post revision surgery 3/29/12- Degenerative Joint Disease, internal derangement right knee - status post right total knee arthroscopy 09/13/13 The utilization review determination being challenged is dated 02/24/14. Treatment reports were provided from 08/15/13 - 01/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentoderm 120 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics;Salicylate topical Page(s): 105 and 111-113.

Decision rationale: The patient presents with right knee pain rated 4/10. The request is for MENTODERM 120 ML. Patient is status post right total knee arthroscopy 09/13/13. Patient's diagnosis dated 10/10/13 included degenerative joint disease, internal derangement right knee. Patient's medications included Norco, Ultram, Protonix and Mentherm per progress reports dated 08/15/13 and 01/03/14. Treater states that medications help. Patient started physical therapy. Patient is temporarily totally disabled.Regarding topical analgesics, MTUS page 111-113 states Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition.Treater has not discussed reason for the request. Based on patient's diagnosis of degenerative joint disease to the right knee, Mentherm would be indicated. However, treater does not document how this topical is being used with what efficacy. MTUS page 60 require recording of pain and function when medication is used for chronic pain. The request is not medically necessary.

Ultram 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88, 89, and 7.

Decision rationale: The patient presents with right knee pain rated 4/10. The request is for ULTRAM 150 MG #60. Patient is status post right total knee arthroscopy 09/13/13. Patient's diagnosis dated 10/10/13 included degenerative joint disease, internal derangement right knee. Patient's medications included Norco, Ultram, Protonix and Mentherm per progress reports dated 08/15/13 and 01/03/14. Treater states that medications help. Patient had urine drug screen per progress report dated 10/10/13. Patient started physical therapy. Patient is temporarily totally disabled.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.In this case, treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, and specific ADL's, etc. Given the lack of documentation as required by MTUS, The request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with right knee pain rated 4/10. The request is for PROTONIX 20MG #60. Patient is status post right total knee arthroscopy 09/13/13. Patient's diagnosis dated 10/10/13 included degenerative joint disease, internal derangement right knee. Patient's medications included Norco, Ultram, Protonix and Mentherm per progress reports dated 08/15/13 and 01/03/14. Treater states that medications help. Patient started physical therapy. Patient is temporarily totally disabled. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not documented reason for the request. In this case, the patient is not on oral NSAIDs to consider PPI for prophylactic use. Review of reports do not show evidence of gastric problems that would require treatment with PPI's. There is no mention of any problems with GI issues. Furthermore, treater does not indicate how the patient is doing and why he needs to continue when it's been more than 6 months from UR date of 02/24/14. Given the lack of documentation of continued need for this medication, recommendation is for denial. The request is not medically necessary.