

Case Number:	CM14-0035418		
Date Assigned:	06/23/2014	Date of Injury:	12/10/2004
Decision Date:	11/19/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/21/2014

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 Geriatrics and is licensed to practice in New York. 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 61 year old man with a date of injury of 12/10/04. He was seen by his primary treating physician on 1/31/14 with complaints of right knee pain, night time pain and disturbance of sleep. His exam showed a non-antalgic gait and his right knee flexion was 130 degrees with extension to 0 degrees. He had medial joint tenderness to palpation and a negative McMurray's test but a palpable Baker's cyst. His diagnoses were right knee intrasubstance degeneration anterior horn of the lateral meniscus, right oblique horizontal tear of the posterior horn of the medial meniscus, right knee joint effusion, respiratory asthma, insomnia and emotional stress. At issue in this review is the request for a 3 month follow up, refills of tizanidine and omeprazole (length of prior therapy not documented in the note), Basic Metabolic Panel (Chem3), Hepatic Function Panel, Creatinine Phosphokinase (CPK), C-reactive Protein (CRP), Arthritis Panel, Complete Blood Count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit in 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, 2nd Edition, 2008, page: 1019

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-339.

Decision rationale: This worker has been injured since 2004 and has chronic pain in his foot, ankle, knee and back. Physician follow-up is appropriate when a release to modified-, increased-, or full-duty work is needed, or after appreciable healing or recovery is expected. In this case, the symptoms are chronic. The treatment plan is basic and a routine follow up visit in three months is not medically necessary based upon the records reviewed.

Initial labs- Basic Metabolic Panel (Chem3), Hepatic Function Panel, Creatinine Phosphokinase (CPK): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Approach to the patient with abnormal liver biochemical and function tests and Causes and diagnosis of iron deficiency anemia in the adult, Diagnosis and differential diagnosis of rheumatoid arthritis

Decision rationale: At issue in this review is the request for lab / blood work in this injured worker with a history of chronic knee pain. He had no cardiac, renal, hepatic, rheumatologic or esophageal symptoms or diagnoses documented. There were no historical or exam findings for toxicity or side effects of his medications. The physician visit does not substantiate the clinical reasoning or justify why the blood work is needed. The request is not medically necessary.

C-reactive Protein (CRP), Arthritis Panel, Complete Blood Count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Approach to the patient with abnormal liver biochemical and function tests and Causes and diagnosis of iron deficiency anemia in the adult, Diagnosis and differential diagnosis of rheumatoid arthritis

Decision rationale: At issue in this review is the request for lab / blood work in this injured worker with a history of chronic knee pain. He had no cardiac, renal, hepatic, rheumatologic or esophageal symptoms or diagnoses documented. There were no historical or exam findings for toxicity or side effects of his medications. The physician visit does not substantiate the clinical reasoning or justify why the blood work is needed. The request is not medically necessary.

Tizanidine 4 mg. # 30 with 2 additional refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodic Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has knee pain with an injury sustained in 2004. His medical course has included numerous treatment modalities including ongoing use of several medications including muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The medical doctor (MD) visit of 1/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. There is also no spasm documented on exam. The medical necessity of tizanidine is not substantiated in the records.

Omeprazole 20 mg. # 30 with 2 additional refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic knee pain with an injury obtained in 2004. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a non-steroidal anti-inflammatory drug (NSAID) in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose acetylsalicylic acid (ASA)). The records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.