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| Case Number: | CM14-0041293 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 and Pain Management 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 male with a date of injury of 06/03/2013. The listed diagnoses per [REDACTED] dated 03/05/2014 are: 1. Right knee internal derangement. 2. Left knee internal derangement. According to this report, the patient continues to have ongoing pain in both knees, right greater than the left. He reports significant limitations with mobility and activity due to his ongoing pain. He continues to rely on his bilateral knee braces as well as a single point cane for ambulation. The treater reference is an MRI of the right knee which revealed the tear of the medial meniscus. The patient has responded to intra articular corticosteroid injections to both knees in the past which lasted up to 3 weeks with improved mobility. He remains on his current oral analgesic medications including Norco 5/325 mg, naproxen, and Protonix. The patient reports that he developed occasional gastric irritation which is relieved with the Protonix 20 mg twice daily. The physical exam shows the patient has an antalgic gate favoring the right leg. Deep tendon reflexes are 2/4 bilaterally for the patella and Achilles tendon. Wartenberg pinprick wheel is nonfocal and symmetrical. Examination of the bilateral knees reveals tenderness to palpation along the medial and lateral joint lines with soft tissue swelling. There is crepitus noted with general range of motion. Exam is negative for anterior or posterior drawer signs and negative for collateral laxity. There is a positive McMurray sign. The patient has muscle atrophy noted along the medial aspect of the quadriceps. The utilization review denied the request on 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg 2 times per day for 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67, 68.

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting Anaprox DS 550 mg. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. In addition, the MTUS Guidelines page 67 and 68 on NSAIDs specifically for osteoarthritis of the knee and hip recommends the lowest dose for the shortness period in patients with moderate to severe pain. The records show that the patient was prescribed Anaprox on 03/05/2014. In this case, NSAIDs are considered first line treatment to reduced pain. Therefore, the request for Anaprox DS 550mg 2 times per day for 30 days is medically necessary and appropriate.

Protonix 20mg 2 times per day for 30 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

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

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting Protonix 20 mg. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events:1. Ages greater than 65.2. History of peptic ulcer or GI bleed or perforation.3. Concurrent use of ASA (Acetyl salicylic Acid) or corticosteroids and/or anticoagulants.4. High dose multiple NSAIDs.The progress report dated 03/05/2014 documents, He does develop occasional gastric irritation which is relieved with Protonix 20 mg twice a day. The review of records shows that the patient was prescribed Protonix on 03/05/2014 due to occasional gastric irritation. In this case, the treater documents gastrointestinal events and the use of the Protonix in conjunction with the patient's NSAIDs use is reasonable. Therefore, the request for Protonix 20mg 2 times per day for 30 days is medically necessary and appropriate.

Norco 5-325 2 times per day for 30 days: Upheld

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

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

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting Norco 5/325 mg. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of MTUS requires pain assessment that requires current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the 4As for ongoing monitoring are required which includes: analgesia, ADLs (Activities of Daily Living), adverse side effects, and aberrant drug seeking behavior. The review of records from 10/08/2013 to 03/05/2014 show that the patient was first prescribed Norco on 01/14/2014. The 63 pages of records do not document medication efficacy, pain assessment using a numerical scale, or outcome measures. Furthermore, the urine drug screen dated 03/20/2014 shows inconsistent results with prescribed medications. In this case, given the lack of documented functional improvement and aberrant behavior, the request for Norco 5/325 2 times per day for 30 days is not medically necessary and appropriate.