

Case Number:	CM14-0044144		
Date Assigned:	07/02/2014	Date of Injury:	12/04/2009
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported a blow to the right knee on 12/04/2009. On 01/21/2014, his diagnoses included status post right knee surgery x2, recurrent right knee internal derangement and right knee chronic sprain/strain. His medications included Norco 10/325 mg, Motrin 800 mg and on 03/19/2014, Anaprox DS, no dosage noted. His complaints included pinching pain in both knees. The note stated he had suffered a left ACL tear due to overcompensation. The right knee had a positive McMurray's test, positive active grind test, positive patellofemoral crepitation and tenderness to palpation at the joint line and pain with range of motion. Examination of the left knee revealed tenderness to palpation at the joint line, positive McMurray's test, positive anterior drawer test, and pain with range of motion. There was no rationale or request for authorization included in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Anaprox DS 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for 60 tablets of Anaprox DS 550 mg is not medically necessary. The California MTUS Guidelines recommend NSAIDS at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be used both to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain. No evidence to recommend 1 drug in this class over another based on efficacy. Prior to the Anaprox, this worker was taking ibuprofen. There is no documentation to any functional benefit or pain reduction derived from the use of NSAIDS. Therefore, this request for 60 tablets of Anaprox DS 550 mg is not medically necessary.

180 tablets of Norco 10/32mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for 180 tablets of Norco 10/32 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatments. Opioids should be continued if the injured worker has returned to work or has improved functionally with decreased pain. In most cases, analgesic treatment should be given with acetaminophen, aspirin, NSAIDS, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted. Long term use may result in immunological or endocrine problems. There is no documentation in the submitted chart to attest to the appropriate long term monitoring, evaluation, side effects, failed trials of NSAIDS, aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Furthermore, the clinical notes indicate that the injured worker was taking Norco 10/325mg; therefore, the requested dosage of 10/32 would need to be clarified. Therefore, this request for 180 tablets of Norco 10/32 mg is not medically necessary.