

Case Number:	CM14-0054246		
Date Assigned:	08/08/2014	Date of Injury:	04/26/2012
Decision Date:	09/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, neck, low back, wrist, and shoulder pain reportedly associated with an industrial injury of April 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated April 8, 2014, the claims administrator either approved or partially approved a request for Naprosyn, partially certified a request for Tramadol for weaning purposes, denied a knee arthroscopy, denied omeprazole, denied Ondansetron, denied cyclobenzaprine, and denied Terocin. The claims administrator stated that the applicant was still off of work, on total temporary disability, and did not appear to be profiting from several of the medications in question. The claims administrator stated that the applicant did not have MRI evidence of a lesion amenable to surgical correction insofar as the injured knee was concerned. The applicant's attorney subsequently appealed. In a May 6, 2014 handwritten progress note, the applicant apparently presented with persistent complaints of neck, low back, and shoulder pain. The applicant was placed off of work, on total temporary disability. On May 11, 2014, the attending provider refilled prescriptions for Naprosyn, Norflex, Ondansetron, Prilosec, and tramadol through usage of preprinted checkboxes with little or no narrative commentary. In a handwritten note dated May 27, 2014, it was stated that the applicant was pending a knee arthroscopy and that medications were being renewed. The applicant was reportedly having issues with knee pain, knee giving way, and was seemingly described as having gait derangement requiring usage of crutches. The note was extremely difficult to follow and not entirely legible. Many of the same medications were again refilled via a prescription form dated April 1, 2014, again, which employed preprinted checkboxes. On December 3, 2013,

the applicant was again described as off of work, on total temporary disability. MRI imaging of the bilateral knees was apparently sought on a progress note dated February 25, 2014. The applicant was described as having persistent knee pain, it was noted, aggravated by standing, walking, and/or negotiating staircases, it was further stated. In a September 18, 2013 progress note, the applicant was described as having had a previous left knee arthroscopy. It was also stated that the applicant had a prior right knee arthroscopy as well and had developed a right leg venous thrombosis following a rotator cuff repair surgery. The applicant reportedly had an MRI of the left knee in 1998 which demonstrated a torn ligament, it was suggested. On July 13, 2013, the attending provider stated that the applicant was status post bilateral knee surgery with bilateral knee degenerative joint disease. The remainder of the file was surveyed. The results of the bilateral knee MRIs ordered on February 25, 2014 were not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Scope: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, 347.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, do recommend arthroscopic meniscectomy or repair for applicants with severe mechanical symptoms and signs or serious activity limitations if MRI findings are consistent for a meniscal tear, in this case, however, the attending provider has not reported the results of MRI findings of the affected knee ordered on February 25, 2014. There is no clear radiographic evidence of a lesion amenable to surgical correction, such as a meniscal tear. It is unclear what the purpose of the knee arthroscopy in question is. It is unclear if this represents a diagnostic arthroscopy versus an arthroscopy for a proven meniscal tear or an arthroscopy for knee arthritis. Several of the attending provider's progress notes suggested bilateral knee arthritis is in fact the operating diagnosis here. The progress notes, referenced above, in which the knee arthroscopy was sought were sparse, handwritten, difficult to follow, not entirely legible, and did not set forth a compelling case or compelling basis for the surgery in question. Therefore, the request is not medically necessary.

Ondansetron #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some medical evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron or Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant has had any recent cancer chemotherapy, radiation therapy, and/or surgery. The surgical request, above, has been deemed not medically necessary. For all of the stated reasons, then, the request for ondansetron is likewise not medically necessary.

Omeprazole #120: 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: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no clear mention of any issues with reflux, heartburn, and/or dyspepsia in any of the cited progress notes. Therefore, the request is not medically necessary.

Cyclobenzaprine #120: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using a variety of other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical analgesics such as Terocin. Therefore, the request is not medically necessary.