

Case Number:	CM14-0058459		
Date Assigned:	07/09/2014	Date of Injury:	09/15/2011
Decision Date:	09/18/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This is a 47 year-old-female with a 9/15/11 date of injury, when a van step broke and she sustained injury to her right knee and low back. She underwent right knee arthroscopy with chondroplasty and partial synovectomy on 01/30/14. The patient was seen on 10/9/13 for evaluation of abnormal EKG with complaints of dizziness and syncope. The physical exam revealed blood pressure 130/80 mmHg, pulse 69 beats/min and that the patient was alert and oriented x3 with no acute distress. The patient was seen on 11/20/13 with complaints of getting tired easily, headaches, anxiety and depression. The exam findings revealed normal neurological/ psychiatric exam and blood pressure 124/72 mmHg. The patient was seen on 01/06/14 with complaints of right knee pain. Exam findings revealed antalgic gait on the right, medial and lateral joint line tenderness and weakness on the right flexion and extension due to pain. The diagnosis is status post right knee arthroscopy with chondroplasty and partial synovectomy, dyspnea, cardiac arrhythmia and cervical sprain/strain. Treatment to date: post right knee arthroscopy with chondroplasty and partial synovectomy (01/30/14) and medications. An adverse determination was received on 3/31/14 given that there was a lack of clinical data to support the listed medications. The most recent data only provided billing data.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone Hcl 50MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter Trazodone.

Decision rationale: CA MTUS does not specifically address Trazodone. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. There is a lack of documentation indicating that the patient was taking Trazodone in the past and it is not clear if she suffers from insomnia or fibromyalgia. In addition, there is no rationale with regards to the patient's need for Trazodone. Therefore, the request for Trazodone Hcl 50mg #30 is not medically necessary.

Sumatriptan Succinate 50mg #9: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Sumatriptan).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. There is a lack of documentation indicating that the patient suffers from migraine headaches and it is not clear if she was using Sumatriptan in the past. In addition, there is no rationale with regards to Sumatriptan use. Therefore, the request for Sumatriptan Succinate 50mg #9 is not medically necessary.

Glucosamine and Chondroitin 1500 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The patient underwent right knee arthroscopy with chondroplasty and partial synovectomy on 01/30/14. However, there is a lack of documentation indicating that the patient suffers from osteoarthritis. There is no rationale with regards to Glucosamine and Chondroitin use. Therefore, the request for Glucosamine and Chondroitin 1500 #60 is not medically necessary.