

Case Number:	CM14-0088563		
Date Assigned:	07/23/2014	Date of Injury:	08/25/2010
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 injured worker is a 55-year-old female who reported an injury on 06/25/2010. The mechanism of injury was not stated. The current diagnoses include bilateral knee injury, status post ACL repair in 11/2005, mild renal insufficiency, and status post left total knee replacement on 09/15/2011. Previous conservative treatment also includes a stellate ganglion block, medication management, and a spinal cord stimulator implantation. The injured worker was evaluated on 05/05/2014 with complaints of persistent knee pain with activity limitation. The injured worker reported an improvement in symptoms with the spinal cord stimulator. The current medication regimen includes Norco 10/325 mg, fentanyl 25 mcg, tramadol 50 mg, Voltaren gel, Dexilant 60 mg, amlodipine, hydrochlorothiazide, metformin, Humulin insulin, fenofibrate, and glipizide. Physical examination on that date revealed difficulty ambulating, diminished strength in the bilateral lower extremities, grade I injury bilaterally, abnormal active patellar grind testing, abnormal passive patellar grind testing, patellar apprehension, laxity of the bilateral knees, an antalgic gait, significant tenderness along the anteromedial and anterolateral aspect of the bilateral knees, crepitus with range of motion, significant intra-articular fluid, decreased range of motion, and a well-healed scar from the placement of the spinal cord stimulator. Treatment recommendations at that time included continuation of the current medication regimen. The Request for Authorization form was then submitted on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 mg Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI SYMPTOMS & CARDIOVASCULAR RISK.

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically appropriate.

Tramadol 50 mg Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 11/2013, without any evidence of objective functional improvement. The injured worker continues to report persistent pain with activity limitation. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Fentanyl 25 mg Qty: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 11/2013, without any evidence of objective functional improvement. The injured worker continues to report persistent pain with activity limitation. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325 mg Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 11/2013, without any evidence of objective functional improvement. The injured worker continues to report persistent pain with activity limitation. There is also no frequency listed in the request. As such, the request is not medically appropriate.