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| Case Number: | CM14-0184148 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 01/15/2005 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 67-year-old female with a 1/15/05 date of injury. The injury occurred when she tripped down a flight of stairs and fell, stretching the muscles and ligaments in her knee. According to the most recent progress report provided for review, dated 9/19/12, the patient reported symptoms in her knee and low back. She was no longer able to drive and reported difficulties with her activities of daily living. Objective findings: tenderness to palpation over lumbar spine, tenderness to palpation about the medial and lateral joint lines of the right knee, right knee effusion, no instability, restricted lumbar range of motion. Diagnostic impression: posttraumatic arthritis, right knee and lumbar spine; myofascial style complaints. Treatment to date: medication management, activity modification, surgery, physical therapy, acupuncture, TENS unit. A UR report regarding this request was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg. #30: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, the most recent medical record submitted for review was dated 9/19/12. The medical necessity for the requested medication cannot be determined without updated records establishing the patient's current condition. There is no current documentation of significant pain reduction or improved activities of daily living. In addition, there is no current documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 150mg. #30 is not medically necessary.

Tramadol 150 mg & 30 (prospective - for the month after the one requested in Issue 2):
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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, the most recent medical record submitted for review was dated 9/19/12. The medical necessity for the requested medication cannot be determined without updated records establishing the patient's current condition. There is no current documentation of significant pain reduction or improved activities of daily living. In addition, there is no current documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 150 mg. & 30 (prospective - for the month after the one requested in Issue 2) is not medically necessary.

Protonix 20 mg. #60: 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): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Protonix).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, in the present case, the most recent medical record submitted for review was dated 9/19/12. The medical necessity for the requested

medication cannot be determined without updated records establishing the patient's current condition. There is no documentation of the patient's current medication regimen. Therefore, the request for Protonix 20mg. #60 is not medically necessary.

Protonix 20 mg #60 (prospective - for the month after the one requested in Issue 4): 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): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Protonix).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, in the present case, the most recent medical record submitted for review was dated 9/19/12. The medical necessity for the requested medication cannot be determined without updated records establishing the patient's current condition. There is no documentation of the patient's current medication regimen. Therefore, the request for Protonix 20 mg. #60 (prospective - for the month after the one requested in Issue 4) is not medically necessary.

Hyalgan-second injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter - Viscosupplementation, Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature ('Efficacy of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis').

Decision rationale: CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. However, in the present case, the most recent medical record submitted for review was dated 9/19/12. The medical necessity for the requested service cannot be determined without updated records establishing the patient's current condition. In addition, this is a request for a second injection, there is no documentation regarding the patient's initial injection to further establish the medical necessity for this request. Therefore, the request for Hyalgan-second injection is not medically necessary.

Naproxen 550 mg #60: 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 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, the most recent medical record submitted for review was dated 9/19/12. The medical necessity for the requested medication cannot be determined without updated records establishing the patient's current condition. Therefore, the request for Naproxen 550 mg. #60 is not medically necessary.

Naproxen 550 mg. #60 (prospective - for the month after the one requested in Issue 13):
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 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, the most recent medical record submitted for review was dated 9/19/12. The medical necessity for the requested medication cannot be determined without updated records establishing the patient's current condition. Therefore, the request for Naproxen 550 mg. #60 (prospective - for the month after the one requested in Issue 13) is not medically necessary.

recommended visit with MPN physician: 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 Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6- Independent Medical Examinations and Consultations, page(s) 127 and 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, the most recent medical record submitted for review was dated 9/19/12. The medical necessity of an office visit cannot be determined without establishing the patient's current medical condition. Therefore, the request for recommended visit with MPN physician is not medically necessary.