

Case Number:	CM14-0194767		
Date Assigned:	12/02/2014	Date of Injury:	05/09/2014
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal 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 injured worker is a 34-year old man with a date of injury of May 9, 2014. The mechanism of injury occurred when the injured worker slipped on a piece of paper at work and twisted the right knee. He went to [REDACTED] on May 15, 2014 where x-rays were performed. X-rays showed no fracture, dislocation or significant abnormality identified. He has been treated with physical therapy, bracing, medications, but remains symptomatic. The medical record contained records from [REDACTED], where the injured worker was initially treated before and after the industrial injury. The records date back to 2009 to the present. Records indicated that the injured worker has been taking Tramadol and Tylenol #3 prior to the industrial accident for unknown diagnoses. In a progress note from a [REDACTED] physician dated June 23, 2014, the injured worker was taking Tylenol #3, and Tramadol 50mg. In a July 2, 2014 progress note, the injured worker continues taking these medications. There was documentation by the treating physician that the injured worker is showing tolerance to opioids. He states that if the pattern continues, this would be considered a flag for possible dependence. It is noted that on August 4, 2014, the injured worker was taking Motrin 800mg, and Tylenol #3. There were no detail pain assessment or objective functional improvements associated with these medications. Pursuant to the Initial Orthopaedic Evaluation Report dated October 8, 2014 by the orthopedic doctor who requested the current request for authorization, the injured worker complains of right knee pain, swelling with instability. Physical examination reveals right antalgic gait. The right knee reveals moderate intra-articular effusion about the knee. There is no soft tissue swelling, ecchymosis, or muscle wasting when compared to the contralateral knee. There is pain elicited to palpation over the patella, with positive patellar apprehensive signs. The patella is tracking laterally within the trochlear notch when the injured worker is seated and the knee is flexed to 90 degrees. Patella grind test is negative, without patella crepitus. Clinical and MRI scan evidence of right knee

patella subluxation. The provider documents that at this time, the injured worker will be treated as non-operative to build-up strength and hopefully stabilizes the patella of the right knee. The provider is requesting authorization for urine drug toxicology screening to check efficacy of the prescribed medication. There is no mention of current medications and diagnoses were not detailed. The provider will see the injured worker again in 6 weeks for a follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Hydrocodone 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325 mg #60 is not medically necessary. The ongoing, chronic opiate use requires an ongoing review of documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should accompany ongoing chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain. In this case, the injured worker's date of accident was May 9, 2014. He complained of right knee pain. X-rays were unremarkable. A review of the medical record shows the injured worker was started on Norco in June 2014. Opiates have been continued through the present, however there is no documentation indicating objective functional improvement associated with the narcotics. Further review of the medical records show that worker was taking opiates prior to the date of injury through [REDACTED]. In June 2014 the injured worker was on both Tramadol and Tylenol three. A progress note dated July 2, 2014 from the [REDACTED] primary care physician indicated injured worker had a tolerance to opiates and if the pattern continued this would be concerning for a red flag and possible drug dependency. In August 2014, the injured worker was on Tylenol #3 along with Motrin 800 mg. The only documentation from the worker comp claims was dated October 8, 2014. All of the other records were from [REDACTED]. Consequently, absent the appropriate clinical documentation along with objective functional improvement, Hydrocodone 10/325 #60 is not medically necessary.

Prescription for Diclofenac Sodium 100mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac sodium 100 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker sustained an injury to his right knee. X-rays were unremarkable. A review of the medical record shows the injured worker was started on ibuprofen on June 9, 2014. Ibuprofen was continued through August 4, 2014. There is no documentation that indicates objective functional improvement over the subsequent months related to the nonsteroidal anti-inflammatory drug use. Additionally, they are recommended at the lowest dose for the shortest period. Consequently, absent the appropriate clinical documentation and objective functional improvement, Diclofenac Sodium 100 mg #60 is not medically necessary.

Prescription for Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker sustained an injury to his right knee. X-rays were unremarkable. A review of the medical record does not show documentation that Cyclobenzaprine 7.5 mg was being used by the injured worker. There is no clinical indication or rationale for muscle relaxant based on the nature of the injuries sustained by the injured worker. Short-term (less than two weeks) cyclobenzaprine use is appropriate for acute low back pain and chronic low back pain with an exacerbation. There was no documentation of any such low back injuries. Consequently, Cyclobenzaprine 7.5 mg #90 is not medically necessary.

Prescription for Pantoprazole Sodium 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20 mg #60 is not medically necessary. Pantoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but not limited to, age greater than 65 years; history of practical, G.I. bleeding, perforation; concurrent use of aspirin or corticosteroids; or high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker injured his right knee. X-rays were unremarkable. There is no documentation with comorbid conditions that reflects the risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or for steroids, etc. Additionally, pantoprazole is a second line proton pump inhibitor after Omeprazole. Consequently, absent the appropriate clinical indications and clinical rationale, Pantoprazole 20 mg #60 is not medically necessary.