

Case Number:	CM14-0195421		
Date Assigned:	12/03/2014	Date of Injury:	07/13/2013
Decision Date:	03/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 31 year old male, who sustained an industrial injury on July 13, 2013. The diagnoses have included left knee osteoarthritis, status post left knee arthroscopic surgery x4 with residuals, right knee myoligamentous injury with internal derangement, lumbar spine myoligamentous injury, and medication induced gastritis. Treatment to date has included left knee arthroscopy on January 17, 2014, trigger point injections, intra-articular injections, and medications. Currently, the injured worker complains of pain in both knees and lumbar spine. The Treating Physician's report dated September 30, 2014, noted the injured worker continued to have debilitating pain in the left knee with an antalgic gait favoring the left lower extremity, with new problems with the right knee and lumbar spine. Examination of the lumbar spine was noted to show tenderness to palpation bilaterally with increased muscle rigidity in the posterior lumbar musculature, with numerous trigger points that were tender and palpable throughout the lumbar paraspinal muscles, and decreased range of motion (ROM) with obvious muscle guarding. Bilateral knee examination was noted to show crepitus bilaterally. The injured worker received bilateral knee intra-articular injections, and four trigger point injections. On October 30, 2014, Utilization Review non-certified the retrospective requests for Norco 10/325mg #60, Anaprox DS 550mg #60, Prilosec 20mg #60, and Ultram ER 150mg #30, all for the dates of service of September 30, 2014, noting the requests medically unnecessary. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On November 21, 2014, the injured worker submitted an application for IMR for review of the retrospective requests for Norco 10/325mg #60,

Anaprox DS 550mg #60, Prilosec 20mg #60, and Ultram ER 150mg #30, all for the dates of service of September 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 31 year old male with a date of injury of 07/13/2013. He had 4 left knee arthroscopic surgeries. On 09/30/2014 he had bilateral knee pain with crepitus, back pain and trigger points. MTUS guidelines for on-going opiate treatment includes documentation of analgesia efficacy, improved functionality with respect to ability to do activities of daily living or work, monitoring for adverse effects and monitoring for drug seeking abnormal behavior. The documentation does not support that the above criteria were met and weaning from opiate is supported. Long term opiate medication is not medically necessary for this patient.

Retro Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 31 year old male with a date of injury of 07/13/2013. He had 4 left knee arthroscopic surgeries. On 09/30/2014 he had bilateral knee pain with crepitus, back pain and trigger points. MTUS guidelines note that NSAIDS should be prescribed in the lowest dose and for the least amount of time since they are associated with GI, cardiovascular and renal adverse effects. NSAIDS also decrease soft tissue healing. Long term NSAIDS are not recommended and are not medically necessary for this patient.

Retro Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular risk Page(s): 68 - 69.

Decision rationale: The patient is a 31 year old male with a date of injury of 07/13/2013. He had 4 left knee arthroscopic surgeries. On 09/30/2014 he had bilateral knee pain with crepitus, back pain and trigger points. The patient is 31 years old not 65 or older. There is no documentation of GI bleed, peptic ulcer disease or treatment with anticoagulants. He does not meet MTUS criteria for high risk GI category for proton pump inhibitors. Prilosec is a proton pump inhibitor and is not medically necessary for this patient.

Retro Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 31 year old male with a date of injury of 07/13/2013. He had 4 left knee arthroscopic surgeries. On 09/30/2014 he had bilateral knee pain with crepitus, back pain and trigger points. Ultram is an opiate medication. MTUS guidelines for on-going opiate treatment includes documentation of analgesia efficacy, improved functionality with respect to ability to do activities of daily living or work, monitoring for adverse effects and monitoring for drug seeking abnormal behavior. The documentation does not support that the above criteria were met and weaning from opiate is supported. Long term opiate medication is not medically necessary for this patient.