MAXIMUS Federal Services

Case Number:	CM14-0200650		
Date Assigned:	12/10/2014	Date of Injury:	11/13/2009
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 (IW) is a 61-year-old woman with a date of injury of November 13, 2009. The mechanism of injury occurred when the IW tripped on a floor mat and landed on her knees. The injured worker's working diagnoses are right knee pain, etiology; and early arthritis bilateral hips. The IW underwent right knee arthroscopy surgery on April 20, 2010. She continued to have pain in the right knee. She had a right knee replacement on January 22, 2013. The IW attended physical therapy for about 10 months.Pursuant to the Primary Treating Physician's Progress Report dated August 14, 2014, the IW complains of pain in her right knee. She reports her symptoms began in 2009. The pain comes and goes, and is associated with stiffness all of the time. The IW is working full-time as a registered nurse. Current medications include Estratest DS 0.625mg, Glucosamine, Ibuprofen 600mg, and Xanax 0.5mg. Examination of the right knee reveals range of motion of 0-120 degrees in the sitting position. When she walks, she does not completely extend. She has no pain with patellar compression and varus/valgus. She is a little bit looser laterally and medially, particularly in extension. Documentation indicates the IW has been taking Ibuprofen since June 13, 2014, according to the earliest progress note in which it appeared. There were no detailed pain assessments or evidence of objective functional improvement associated with the use of Ibuprofen. Documentation indicates the IW has been using Xanax since at least August 14, 2014. It is unclear how long the IW has been using Xanax due to lack of documentation. The current request is for Glucosamine, Ibuprofen 600mg, Xanax 0.5mg, and Estratest DS 0.625mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Glucosamine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter, Glucosamine

Decision rationale: Pursuant to the Official Disability Guidelines, glucosamine #1 is not medically necessary. Glucosamine sulfate is recommended as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated highly sufficient efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety and response to treatment, but similar studies are lacking for glucosamine hydrochloride. In this case, the injured worker's working diagnosis is status post mechanical fault November 3, 2009; right knee strain and contusion with partial medial and lateral Roman's will tear and tricompartmental arthritis, status post right knee arthroscopy; history dislocated patella status post lateral release; persistent right knee pain without patellar resurfacing at the time of knee replacement January 22, 2013; possible patellar arthritis and pain. The documentation request does not distinguish between glucosamine sulfate and glucosamine hydrochloride. Consequently, after the appropriate specific clinical request, glucosamine #1 is not medically necessary.

Ibuprofen 600mg 3x daily, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI 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, Ibuprofen 600 mg three times a day with one refill is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. See official disability guidelines for additional details. In this case, the injured worker's working diagnosis is status post mechanical fault November 3, 2009; right knee strain and contusion with partial medial and lateral meniscal tear and tricompartmental arthritis, status post right knee arthroscopy; history dislocated patella status post lateral release; persistent right knee pain without patellar resurfacing at the time of knee replacement January 22, 2013; possible patellar arthritis and pain. The documentation indicates ibuprofen was first prescribed on June 13 of 2014. The documentation does not reflect objective functional improvement. Additionally, non-steroidal anti-inflammatory's, ibuprofen, a recommended at the lowest dose for the shortest period in patients with moderate to severe pain.

Injured worker has been taking ibuprofen for approximately 6 months. There has been no reduction in Ibuprofen dose or frequency. Consequently, absent the appropriate clinical documentation to support the ongoing ibuprofen use, ibuprofen 600 mg three times a day with one refill is not medically necessary.

Xanax 0.5mg, 1 tab at bedtime, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5 mg one tablet at bedtime #1 refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines on the treatment of choice and very few conditions. In this case, the injured worker's working diagnosis is status post mechanical fault November 3, 2009; right knee strain and contusion with partial medial and lateral meniscal tear and tricompartmental arthritis, status post right knee arthroscopy; history dislocated patella status post lateral release; persistent right knee pain without patellar resurfacing at the time of knee replacement January 22, 2013; possible patellar arthritis and pain. The documentation indicates the injured worker has been taking Xanax as early as August 14, 2014. It is unclear as to the exact start date based on the clinical entries in the medical record. The documentation does not contain objective functional improvement to support Xanax's ongoing use. Additionally, Xanax is not recommended for long-term use (longer than two weeks). There is no documentation in the medical record to support the ongoing use of Xanax (approximately 5 months). Consequently, absent the appropriate clinical documentation, clinical indication and clinical rationale for the protracted course of Xanax, Xanax 0.5 mg one tablet at bedtime #1 refill is not medically necessary.

Estratest DS .625mg 1 tab daily, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/cdi/estratest.html Estrogen

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/cdi/estratest.html.

Decision rationale: Pursuant to drugs.com, Estratest DS 0.625mg one tablet daily #1 refill is not medically necessary. Estratest is an estrogen compound. It is used as an estrogen replacement. See the attached link for additional details. In this case, the injured worker's

working diagnosis is status post mechanical fault November 3, 2009; right knee strain and contusion with partial medial and lateral meniscal tear and tricompartmental arthritis, status post right knee arthroscopy; history dislocated patella status post lateral release; persistent right knee pain without patellar resurfacing at the time of knee replacement January 22, 2013; possible patellar arthritis and pain. There is no documentation in the medical record discussing the clinical indication for Estratest. The documentation indicates the orthopedic surgeon requested both glucosamine and Estratest test in a September 22, 2014 progress note. There is no clinical indication or clinical rationale documented in the medical record. Consequently, absent the appropriate clinical indication and clinical rationale, Estratest DS 0.625mg one tablet daily #1 refill is not medically necessary.