

Case Number:	CM14-0207857		
Date Assigned:	12/19/2014	Date of Injury:	08/19/2013
Decision Date:	03/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/11/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28-year-old male who reported an injury on 08/19/2013 due to an unspecified mechanism of injury. On 10/10/2014, he presented for a followup evaluation regarding his work related injury. He complained of pain in the right knee aggravated with repetitive kneeling, squatting, and lifting. A physical examination showed right knee range of motion of extension to 180 and flexion to 120. McMurray's test was positive on the right and there was medial joint line tenderness. Chondromalacia patellar compression test was also positive on the right. He was diagnosed with a right knee sprain and strain with MRI findings of osteochondral defect of the lateral femoral condyle, and antalgic gait with mechanical low back pain. His medications include Norco, Ultram, Anaprox, Prilosec, and Ambien. The treatment plan was for a right knee arthroscopy, Norco, Ultram, Anaprox, Prilosec, and Ambien. The Request for Authorization form was not provided for review. The rationale for treatment was to alleviate the injured worker's pain and reduce in his pain and increase functional capabilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy to Visualize the patellofemoral Joint and Chondroplasty as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgery Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The request for a right knee arthroscopy to visualize the patellofemoral joint and chondroplasty as needed is not supported. The California MTUS/ACOEM Guidelines state that a referral for surgical consultation may be indicated for those who have activity limitation for more than 1 month and have failed exercise program to increase range of motion and strength. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right knee. However, there is a lack of documentation showing that the injured worker has tried and failed all recommended conservative care options to support the request for a surgical intervention. In addition, a clear rationale was not provided for the medical necessity of an arthroscopy to visualize the patellofemoral joint when it was stated that the injured worker had already undergone an MRI. Given the above, the request is not medically necessary.

Norco 10/325mg #120 1q4-6 hours for moderate pain: Upheld

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

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

Decision rationale: The request for Norco 10/325 mg #120 for moderate pain is not supported. The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be taking Norco for pain relief. However, there is a lack of documentation showing that he has had any significant functional improvement or a quantitative decrease in pain with the use of this medication to support its continuation. In addition, no official urine drug screens or CURES reports were provided for review to validate compliance with this medication regimen. Given the above, the request is not medically necessary.

Ultram 150mg #60 1 daily for moderate pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: The request for Ultram 150 mg #60 for moderate pain is not supported. The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be taking Norco for pain relief. However, there is a lack of documentation showing that he has had any significant functional improvement or a quantitative decrease in pain with the use of this medication to support its continuation. In addition, no official urine drug screens or CURES reports were provided for review to validate compliance with this medication regimen. Given the above, the request is not medically necessary.

Anaprox 550mg #120 bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The California MTUS Guidelines recommend Anaprox/NSAIDs for the short term treatment of acute exacerbations of low back pain and for osteoarthritis and tendinitis. There should be documentation of an objective improvement in function and an objective decrease in pain with use. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right knee. However, there is a lack of documentation regarding the injured worker's response to this medication in terms of pain relief and functional improvement. In addition, the duration of use was not evident within the report and without this information, continuing would not be supported as this medication is only recommended for short term treatment. Given the above, the request is not medically necessary.

Prilosec 20mg #60 1 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS & GI Risks Page(s): 68.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are for those who are at high risk for gastrointestinal events due to NSAID therapy or for those complaining of GI problems due to NSAID use. Based on the clinical documentation submitted for review, the injured worker was not noted to be having GI upset and was not noted to be at high risk for gastrointestinal events due to NSAID therapy. Therefore, the request for this medication would not be supported. As such, the request is not medically necessary.

Ambien 10mg #30 1at bedtime for sleep disorder: 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) Pain, Zolpidem.

Decision rationale: According to the Official Disability Guidelines, Ambien is recommended for the treatment of insomnia. It is only recommended for short term treatment of 7 to 10 days. Based on the clinical documentation submitted for review, the injured worker was not noted to have a diagnosis of insomnia. In addition, the duration of the use of this medication is unclear and without this information, a continuation would not be supported as it is only recommended for the short term treatment of 7 to 10 days. Given the above, the request is not medically necessary.