

Case Number:	CM14-0032355		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2012
Decision Date:	01/09/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 North Carolina and New York. 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 57 year old man, injured 2/7/12 in a MVA, when he was rear-ended while seatbelted, with resultant low back , neck and right knee pain. He had been employed as a pipeline technician. His treating physician believes that his right knee condition was from continuous trauma, and aggravated in the MVA. MRI of the low back revealed multilevel disc degeneration and other degenerative changes without surgical findings. He is not working, and has not had "much improvement". He has had physical therapy and at least two epidural steroid injections. He has been prescribed Norco. He has continued to work full time as a pipeline technician. His treating physician is requesting reversal of the 2/25/14 denial of an MRI of the right knee, Norco, retrospective urine drug screen, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Pages 341 & 343 tables 13-1 & 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's

Decision rationale: Per MTUS guidelines, knee MRI may be helpful in identifying meniscus tear, ligament strain or tear, patello-femoral syndrome, tendonitis, and prepatellar bursitis. Per ODG, the following are criteria for obtaining MRI of the knee: Indications for imaging -- MRI (magnetic resonance imaging):- Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption.- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).- Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The 8/20/13 note from his treating orthopedist indicates swelling and tenderness in the right knee compared to the left, and was difficult to flex. Internal derangement of the right knee was highly suspected at that visit by the orthopedist (the primary treating physician). AME on 4/22/13 show normal power in the quadriceps and hamstrings. Muscle testing throughout the lower extremity was remarkable only for weakness in the right gastrocnemius. He did not even have a diagnosis related to the knee. Neither examiner tested the right knee for internal derangement. There is not enough evidence to support the medical necessity for right knee MRI. The request is not medically necessary and appropriate.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-79.

Decision rationale: There is an incomplete request for narcotics submitted. "Norco" alone does not describe how much and how it is to be taken. There is no specific request for dosage (amount, time) or length of treatment. Per the CA MTUS, chronic pain guidelines, opioids are not recommended for initial treatment of low back pain or knee pain. There is no plan for an opioid trial. Pain management consultation 9/25/2013 notes that physical therapy has not given any significant help, and the he has been taking Norco 1-2 pills per day and Naproxen 1 pill a day to control pain, with resultant pain levels 8/10-10/10. For narcotics to be continued, there must be documentation of improvement in function and pain. He is working regular duty, which satisfies part of the criteria. He has not, however, exhibited improvements in pain levels. The medical necessity of the requested Norco has not been substantiated. The request is not medically necessary and appropriate.

Celebrex: Upheld

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

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

Decision rationale: The CA MTUS chronic pain guidelines give an indication for Cox-2 selective NSAID related to those with a risk of GI events. Patients without risk factors or cardiovascular disease should be given non-selective NSAID. This patient has no history of any condition meeting criteria for risk of GI events, including age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids and/or an anticoagulant; or high-dose/multiple NSAID. Medical necessity for Celebrex has not been established. The request is not medically necessary and appropriate.

Retrospective Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Opioids, Pain treatment agreement Opioids, steps to avoid misuse Pag.

Decision rationale: Per the CA MTUS chronic pain guidelines on opioid management, urine drug screening is an important part of monitoring while on chronic opioids. Chronic opioids are not indicated in this patient, and, hence, urine drug screening is not warranted or recommended. The request is not medically necessary and appropriate.