

Case Number:	CM15-0009976		
Date Assigned:	01/27/2015	Date of Injury:	02/15/2012
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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

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 67 year old male with an industrial injury on 02/15/2012. He presented for follow up on 12/19/2014 with stiffness in knee and pain along left groin. Physical exam revealed 180 degrees of extension and 130 degrees of flexion of the knee. There was tenderness along the medial joint line with no major laxity. Prior treatment includes Hyalgan injections to the left knee, cortisone injection to the knee, knee brace, hot and cold wrap, TENS unit and medication. EMG dated 09/27/2013 showed no evidence of compression neuropathy of the tibial nerve at the ankle. There was no evidence of compression neuropathy of the peroneal nerve at the fibular area. There is no evidence of ongoing lumbar radiculopathy or polyneuropathy. Diagnosis included internal derangement of the knee on the left, status post arthroscopic intervention in 2012. On 01/09/2015 utilization review issued the following decisions: X-ray of left knee - non-certified. MTUS and ACOEM Guidelines were cited. Nalfon 400 mg # 60 - non-certified. MTUS Guidelines were cited. Protonix 20 mg # 60 - modified to Protonix 20 mg # 30. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left knee QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee chapter, X-ray

Decision rationale: This patient is status post left knee surgery from October 2012 and presents with some tenderness along the medical joint line. The current request is for X-RAY OF THE LEFT KNEE QTY: 1 the treating physician states that he is recommending an x-ray "to look for progression of disease for the left knee." This patient is status post arthroscopic surgery of the left knee in October 2012. The patient has an x-ray following surgery which revealed 1-mm articular surface and the patient was given cortisone and hyalgan injections. On 12/19/14, examination revealed tenderness and 180 degree in extension and 130 degrees in flexion. ODG guidelines knee chapter, under X-ray states: "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age 55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence."In regards to the request for an x-ray of the bilateral knees, the treater has not provided a reason for the request other than for routine check. Progress notes do not provide discussion of acute trauma or other injury for which an X-ray would be useful in resolving a fracture. Furthermore, examination findings do not discuss any positive Ottawa knee criteria. Therefore, this request IS NOT medically necessary.

Nalfon 400mg QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient is status post left knee surgery from October 2012 and presents with some tenderness along the medical joint line. The current request is for NAFLON 400MG QTY: 60. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs NSAIDs in chronic LBP and of antidepressants in chronic LBP. The treating physician recommends that the patient switch from Naprosyn to Nalfon "because of his hypertension and sodium related water retention." The switching from Naprosyn to Naflon is in accordance with MTUS guidelines. The request for Naflon IS medically necessary.

Protonix 20mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient is status post left knee surgery from October 2012 and presents with some tenderness along the medical joint line. The current request is for PROTONIX 20MG QTY: 60. The MTUS Guidelines page 69 has the following regarding PPI, recommended with caution for patients at risk for gastric events: Where age is greater than 65, history of peptic ulcer and GI bleeding or perforation, concurrent use of ASA or corticosteroid and/or anticoagulant, high-dose/multiple NSAID. This patient has been utilizing a NSAID but there is no documentation of dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by MTUS Guidelines without GI risk assessment. The requested Protonix IS NOT medically necessary.