

Case Number:	CM15-0106454		
Date Assigned:	07/17/2015	Date of Injury:	11/27/2001
Decision Date:	08/19/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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, Pain Management

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 55 year old male, who sustained an industrial injury on November 27, 2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral knee strain with the left worse than the right, status post left knee arthroscopy, status post left total knee replacement with significant pain and swelling, status post revision of left total knee replacement with recurrent worsening pain, gastrointestinal upset secondary to pain medication, and lumbar strain with the left greater than the right with compensable consequence secondary to the bilateral knee injuries. Treatment and diagnostic studies to date has included purchase of an electric scooter, medication regimen, and magnetic resonance imaging of the lumbar spine. In a progress note dated April 24, 2015 the treating physician reports complaints of an increase in pain to the bilateral knees and decreased range of motion to the bilateral knees. Examination reveals right knee tenderness to the peri-patellar region, swelling, decreased range of motion, and a popping sensation with range of motion. The examination also revealed left knee swelling, decreased range of motion, and tenderness to the anterior and lateral region of the knee. The treating physician further noted lumbar spasm and tenderness with the left greater than the right, decreased range of motion, and an antalgic gait secondary to pain. The injured worker's current medication regimen included Norco and multiple medications for diabetes. The treating physician noted that the injured worker had to take Norco up to five times a day due to the amount of pain and that the pain decreases with use of Norco, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his

medication regimen and after use of his medication regimen to indicate the effects with the use of his current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medications of Prilosec 20mg due to non-steroidal anti-inflammatory drug use with noted gastrointestinal symptoms; Norco 10/325mg with a quantity of 180 noting current use of this medication; and Neurontin 300mg with a quantity of 60 for pain. The treating physician also requested magnetic resonance imaging of the right knee with the treating physician noting an increase in the injured worker's pain and symptoms over several weeks along with difficulty for the injured worker to perform activities of daily living. Notes indicate that the patient underwent an MRI of the right knee in December 2014. The report dated July 1, 2015 recommends withdrawing the request for MRI of the knee as his symptoms have improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Prilosec 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having stomach irritation from anti-inflammatory medication. As such, the currently requested omeprazole (Prilosec) is medically necessary.

One (1) prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects,

and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone /acetaminophen) is not medically necessary.

One (1) prescription of Neurontin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any subjective complaints, objective findings, or diagnoses consistent with neuropathic pain. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.

One (1) MRI of the right knee: 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), Knee and Lower Leg: MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1, 13-3, page 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI.

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are non-diagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. Additionally, there is no indication that the patient's subjective complaint/objective findings have worsened since the time of the most recent MRI of the knee. In the absence of such documentation, the currently requested MRI is not medically necessary.