

Case Number:	CM15-0107505		
Date Assigned:	06/12/2015	Date of Injury:	04/03/2003
Decision Date:	09/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/04/2015

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 45-year-old female, who sustained an industrial injury on 4/3/2003. Diagnoses have included chronic left knee pain. Treatment to date has included left knee surgery, home exercise program and medication. According to the progress report dated 5/19/2015, the injured worker complained of a flare-up to her left knee. Pain was rated 6-7/10. Exam of the left knee showed tenderness to the medial joint line and increased pain with valgus maneuver. Range of motion was grossly normal for knee flexion and extension. Magnetic resonance imaging (MRI) of the left knee from May 2012 showed a prior anterior cruciate ligament repair of the medial compartment and some meniscus remnant with a recurrent medial meniscus tear. The injured worker was working full duty with no restrictions. Authorization was requested for magnetic resonance imaging (MRI) of the left knee, Vicodin, Flexeril, Prilosec and Pericolace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under MRI's.

Decision rationale: The patient was injured on 04/03/03 and presents with left knee pain. The request is for a MRI of the left knee for persistent left knee pain to make sure there are no major changes. The utilization review denial letter did not provide a rationale. The RFA is dated 05/22/15 and the patient is working full duty with no restrictions. The patient had a prior MRI of the left knee on 05/03/12, which revealed a prior ACL repair of the medial compartment and some meniscus remnant with a recurrent medial meniscus tear. The 12/09/14 report states that the patient's most recent left knee surgery was in December of 2012. There is no indication of any MRI's of the left knee after the surgery. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. ODG Guidelines, Knee and Leg Chapter, under MRI's recommends MRIs for acute trauma and non-traumatic cases as well. ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. The patient has tenderness to the medial joint line and increase pain with valgus maneuver. She is diagnosed with chronic left knee pain. The 05/19/15 report states, "the patient had no change? She apparently has had a flare up of her left knee." ODG Guidelines allow for repeat MRIs only if the patient is post-op; has red flags or the patient presents with a new injury. In this case, the patient has a flare up of left knee pain and there is no indication of a postoperative MRI of the left knee. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Vicodin 5/300 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 04/03/03 and presents with left knee pain. The request is for Vicodin 5/300 mg qty: 60. The RFA is dated 05/22/15 and the patient is working full duty with no restrictions. The patient has been taking this medication as early as 12/09/14. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4A's, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. The 03/03/15, 04/07/15, and 05/19/15 reports state that the patient rates her pain as a 6-7/10. In this case, not all of the 4A's are addressed as required by MTUS Guidelines. Although there is a general pain scale provided, there are no before and after medication pain scales. There are no examples of ADLs to demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects, no validated instruments are used, and no outcome measures provided as required by MTUS Guidelines. There is no pain management issues discussed such as CURES report, pain contract, et cetera. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Vicodin is not medically necessary.

Flexeril 10 mg Qty 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 04/03/03 and presents with left knee pain. The request is for Flexeril 10 mg qty: 30 with 3 refills for spasms. The RFA is dated 05/22/15 and the patient is working full duty with no restrictions. The patient had an initial trial of Flexeril on 12/09/14. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has tenderness to the medial joint line and increase pain with valgus maneuver. She is diagnosed with chronic left knee pain. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking this medication as early as 12/09/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril is not medically necessary.

Prilosec 20 mg Qty 30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The patient was injured on 04/03/03 and presents with left knee pain. The request is for Prilosec 20 mg qty 30 with 3 refills for nausea and upset stomach. The utilization

review denial letter did not provide a rationale. The RFA is dated 05/22/15 and the patient is working full duty with no restrictions. She has been taking this medication as early as 12/09/14. MTUS Guidelines, NSAIDs, page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with chronic left knee pain. As of 05/19/15, the patient is taking Vicodin, Flexeril, and Peri-Colace. Given that the patient continues to have nausea and an upset stomach, the requested Prilosec appears reasonable. Use of PPIs is indicated for GERD and other stomach issues, as this patient is diagnosed with. Therefore, the requested Prilosec is medically necessary.

Pericolace 50 mg Qty 30 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines constipation Page(s): 77.

Decision rationale: The patient was injured on 04/03/03 and presents with left knee pain. The request is for Pericolace 50 mg qty 30 with 3 refills to reduce any constipation issues. The utilization review letter did not provide a rationale. The RFA is dated 05/22/15 and the patient is working full duty with no restrictions. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient is diagnosed with chronic left knee pain. As of 05/19/15, the patient is taking Vicodin, Flexeril, and Peri-Colace. The patient is currently on opioids and MTUS recognizes constipation as a common side effect of chronic opiate use. Therefore, the request for Peri-Colace is medically necessary.