

Case Number:	CM15-0132034		
Date Assigned:	07/20/2015	Date of Injury:	10/21/2006
Decision Date:	09/10/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 49-year-old female, with a reported date of injury of 10/21/2006. The mechanism of injury was a fall down a flight of 15 stairs and she sprained her right foot and ankle in the process. The injured worker's symptoms at the time of the injury included right foot and ankle pain. The diagnoses include mal-union of the left fifth metatarsal, compensatory right ankle pain, bilateral ankle sprains, right ankle acute tenosynovitis, ruptured ligament, right lateral ankle sprain, and right knee patellofemoral arthralgia. Treatments and evaluation to date have included a cane, oral medications, physical therapy to the right foot, and right ankle arthroscopy and synovectomy with ATF (anterior talofibular) ligament repair on 04/24/2015. The diagnostic studies to date have included x-rays of the right foot and ankle which showed a fracture in three different places; x-rays of the right foot on 02/24/2014; an MRI of the right ankle on 03/23/2007; an MRI of the right ankle on 12/01/2014 which showed acute grade 1 sprain of the flexor retinaculum, underlying mild tenosynovitis of the tibialis posterior and hind foot course of the flexor digitorum longus and flexor longus tendon sheaths without evidence; mild tenosynovitis of the peroneal tendon sheath from the flattened posterior malleolus to the lateral calcaneal tubercle, and chronic thickening of the anterior tibiofibular ligament and the anterior and posterior talofibular ligament, and calcaneofibular ligament; and an x-ray of the right knee on 03/09/2015. The medical report dated 03/17/2008 indicated that the x-rays of the right foot showed a fracture of the fifth metatarsal. The medical report dated 04/30/2009 indicates that x-rays of the foot showed satisfactory alignment of the fifth metatarsal. The medical report dated 06/11/2015 indicates that the x-ray of the right knee showed patellofemoral

arthralgia secondary to right knee buckling. The progress report dated 06/11/2015 indicates that the injured worker reported 20% improvement of symptoms since the right ankle arthroscopy. She complained of swelling in the lateral of the right ankle, right knee pain, and giving way and weakness. The injured worker reported no side effects with her current medications. The medications allowed for the continuation of activities of daily living and participation in post-operative right ankle therapy. After the surgery, she has been taking Norco three times a day. The injured worker's pain was rated 7 out of 10 with medications and rated 8 out of 10 without medications. The objective findings include tenderness over the right lateral ankle, increased pain with inversion and eversion stress test, decreased active range of motion, inability to put entire weight on her left ankle/leg. An examination of the right knee showed tenderness to palpation over the medial and lateral joint lines and peripatellar region, positive McMurray's test, flexion at 130 degrees, extension at 0 degrees, decreased passive range of motion, and increased weight in the left leg, with stance/gait. The injured worker was currently not working, and temporarily totally disabled for four to six weeks. Prior to the right ankle surgery, the injured worker's pain level rating was 3 out of 10 with medications and 8 out of 10 without medications on 04/17/2015. Her work status was noted as not working, and temporarily totally disabled for four to six weeks. The treating physician requested Norco 10/325mg #60, Prilosec 100mg, and an MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 03/17/2008. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. The medical records did not include a copy of urine drug screening reports. There is no evidence of significant pain relief or increased function from the opioids used to date. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.

Prilosec 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed Flector patches, a non-steroidal anti-inflammatory medication (NSAID), and Prilosec, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Prilosec since at least 03/17/2008. There was documentation that due to gastrointestinal upset, the injured worker was unable to take oral non-steroidal anti-inflammatory medications (NSAIDs). It was noted that topical Flector patches provided benefit. The injured worker's use of Prilosec exceeds the guideline recommendations. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore, the request for Prilosec is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331, 341-342, and 347.

Decision rationale: The CA MTUS/ACOEM Guidelines indicate that "special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." There was documentation that physical therapy, an MRI scan, and chiropractic services was discussed as an option, but denied by the Utilization Review. It was noted that there was no improvement with conservative therapy. The guidelines also indicate that the absence of red flag conditions rule out the need for special studies during the first four to six weeks. The injured worker has been diagnosed with right knee patellofemoral arthralgia according to an x-ray, which is not considered a red flag condition of the knee. The guidelines indicate that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before the symptoms began. It was noted that the MRI was recommended by the treating physician to rule out internal derangement and for consideration for surgery. The guidelines indicate that an MRI is recommended to determine the extent of an anterior cruciate ligament tear preoperatively. The request does not meet guideline recommendation. Therefore, the request for an MRI of the right knee is not medically necessary.