

Case Number:	CM15-0136161		
Date Assigned:	07/24/2015	Date of Injury:	06/13/2011
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old female sustained an industrial injury to the right ankle and low back on 6/13/11. The injured worker later developed right knee pain. Magnetic resonance imaging right knee (2/2014) showed a bucket handle tear of the medial meniscus with joint effusion and mild displacement of the patella. Magnetic resonance imaging lumbar spine (2/2012) showed annular fissures at L3-4 and L4-5. Previous treatment included physical therapy, acupuncture, shockwave therapy, epidural steroid injections and medications. In an initial comprehensive orthopedic evaluation dated 6/10/15, the injured worker complained of low back and left knee pain. The injured worker reported experiencing buckling, locking and weakness of the knee, causing her to lose her balance. Physical exam was remarkable for lumbar spine with tenderness to palpation of the paraspinal musculature with spasms, tenderness to palpation to the sciatic notch, decreased sensation at the L5 distribution on the right and right knee with joint line tenderness to palpation, positive McMurray's test and crepitus and tenderness to palpation with firm compression to the right patella. Current diagnoses included lumbar sprain/strain, lumbar spine radiculopathy, right knee meniscal tear, right ankle tendinitis and right ankle osteochondritis dissecans. The treatment plan included right knee arthroscopy, partial meniscectomy and chondroplasty, a referral for a foot and ankle specialist and initiating medications (Relafen, Prilosec and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines relafen
Page(s): 72.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 72 states that relafen is a non-steroidal anti-inflammatory indicated for relief of the signs and symptoms of osteoarthritis. Continued use is supported for documented functional improvement. In this case, a new medication with refills is requested. There is no way to document effectiveness of the new medication to warrant refill. Based on this the combined request is not medically necessary,

Prilosec 20mg, #60 with 5 refills: 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 prilosec
Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. In this case, there is no documentation of gastrointestinal risks or events to warrant prilosec. The request is not medically necessary.

Tramadol 150mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol
Page(s): 93-94.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. Continued use is supported for documented functional improvement. In this case, a new medication with refills is requested. There is no way to document effectiveness of the new medication to warrant refill. Based on this the combined request is not medically necessary.

X-ray of the lumbar spine with AP, lateral, flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: CA MTUS/ACOEM, Chapter 12, page 303 states radiographs are not necessary in the evaluation of low back pain in the absence of red flag symptoms. In this case there is a recent MRI and no rationale is given for the need of radiographs after the MRI. Based on this the request is not medically necessary.