MAXIMUS Federal Services

Case Number:	CM15-0180987		
Date Assigned:	09/22/2015	Date of Injury:	07/30/2008
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts
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 75 year old male, who sustained an industrial injury on 7-30-08. The injured worker was diagnosed as having internal derangement of the right knee status post meniscectomy and discogenic lumbar condition. Medical records (1-7-15 through 2-4-15) indicated full extension and 110 degrees of flexion. The physical exam (3-4-15 through 6-3-15) revealed right knee flexion 100-120 degrees, extension 165-180 degree and tenderness along the joint line. Treatment to date has included a right knee brace, a TENS unit, Naproxen, AcipHex, Ultracet and Trazodone and Norco (since at least 11-13-13). As of the PR2 dated 8-5-15, the injured worker reports continued right knee pain and difficulty sleeping. There is no documentation of current pain level or pain levels with and without medications. Objective findings include right knee flexion 120 degrees, full extension and tenderness across the joint line. The treating physician requested Norco 10-325mg #160 and Trazodone 50mg #60. The Utilization Review dated 8-14-15, non-certified the request for Norco 10-325mg #160 and Trazodone 50mg #60 and certified the request for Naproxen 550mg #60. The was no Utilization Review completed for the request of a four lead transcutaneous electrical nerve stimulation (TENS) unit with conductive garment and a CT scan 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 #160: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in July 2008 and is being treated for right knee pain with a history of a meniscectomy and total knee replacement and low back pain. He underwent lumbar spine surgery in June 2015. When seen, he was continuing to have knee pain. There was decreased knee range of motion and joint line tenderness. He was unable to stand on his heels or toes. He was able to squat. Medications were refilled and a CT scan of the knee was requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter (Online version); ODG, Pain Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in July 2008 and is being treated for right knee pain with a history of a meniscectomy and total knee replacement and low back pain. He underwent lumbar spine surgery in June 2015. When seen, he was continuing to have knee pain. There was decreased knee range of motion and joint line tenderness. He was unable to stand on his heels or toes. He was able to squat. Medications were refilled and a CT scan of the knee was requested. Trazodone was being prescribed for insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested continuation of trazodone is not considered medically necessary.