

Case Number:	CM15-0181227		
Date Assigned:	09/22/2015	Date of Injury:	06/27/2010
Decision Date:	10/29/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/15/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 47 year old female, who sustained an industrial injury on 06-27-2010. The injured worker was diagnosed as having right knee internal derangement, limited range of motion of right knee, right knee inflammation, chronic pain and gastritis. On medical records dated 08-17-2015 and 07-20-2015 subjective complaints were noted as worsening right knee pain with limited range of motion. Pain was noted to be 8 out 10 with passive and active motion. Numbness and tingling in legs were noted as well. Objective findings of right knee were noted as moderate to severe pain upon increased activities, prolonged walking, attempting to left objects along with painful limited range of motion. Physical examination of the right knee revealed tenderness over the medical joint line as well as over the undersurface of the patella. Patellar pressure produced knee discomfort. Passive extension of the knee produced not complaints of pain. Tenderness over the pes anserinus regions as well. No crepitus was noted. Treatment to date included medication, physical therapy, home exercise program and acupuncture. Current medication was listed Prilosec and Naproxen and as discontinue Norco on medical record date 06-30-2015. The Utilization Review (UR) was dated 08-12-2015. The UR submitted for this medical review indicated that the request for Norco, Omeprazole and another right knee intra articular injection x1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: 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, Pain Chapter.

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

Decision rationale: MTUS Guidelines have very specific standards of care to justify the long term use of opioids. These standards include careful documentation of the amount of pain relief from opioid use and how long the pain relief lasts.. Specific documentation of functional improvements due to opioid use. These standards have not been met. There is no detailed documentation of use patterns, level of pain relief, nor functional improvements. There are no unusual circumstances to justify an exception to the Guidelines. The Norco 10/325mg #30 is not supported by Guidelines and is not medically necessary.

Omeprazole 20mg #30, 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS Guidelines supports the use of proton pump inhibitors (PPIs- Omeprazole) if there are GI symptoms associated with NSAID use or other medication use. Although not well documented, there are statements in the records that this individual experiences "gastritis" due to NSAID use. The Guidelines do not call for any further detail to justify their use. Under these circumstances, the Omeprazole 20mg #30, 1 refill is consistent with Guidelines and is medically necessary.

Another right knee intra articular injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg/Cortisone injections & Hyaluronic Acid injections.

Decision rationale: MTUS Guidelines do not adequately address this issue. ODG Guidelines address the issue of injections for the knee in detail. However, the requesting physician does not

detail what type of injection is to be given other than to call it a pain management injection under fluoroscopy. The Guidelines have very specific criteria for acceptable injections and these criteria are not met at this time. The type of injection is not documented, the response to prior injections is not adequately documented and there is no justification for fluoroscopy. (Guidelines do not support the routine use of fluoroscopy for this procedure. At this point in time, the documentation is inadequate to meet Guideline standards to support the requested injection and its proposed technique. The repeat right knee intra articular injection x 1 is not medically necessary.