MAXIMUS Federal Services

Case Number:	CM15-0194969		
Date Assigned:	10/08/2015	Date of Injury:	12/06/2011
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial-work injury on 12-6-11. He reported initial complaints of pain to left knee. The injured worker was diagnosed as having internal derangement of knee, meniscus tear of knee, and chondromalacia. Treatment to date has included medication, surgery (left knee arthroscopy with anterior cruciate ligament revision, allograft reconstruction, partial medial and lateral meniscectomies, hardware removal from tibia and femur on 2-7-12 and anterior cruciate ligament reconstruction on 5-25-10), and diagnostics. Currently, the injured worker complains of chronic increased pain in the inner aspect of his knee, worse with twisting and deep knee flexion, and gives way of knee. Medications include Ibuprofen 600 mg, and Prilosec 20 mg. Per the primary physician's progress report (PR-2) on 8-26-15, exam notes normal gait, left knee range of motion 0-130 degrees with pain, medial joint tenderness, normal stability. An injection (Kenalog) was given in the left knee. Current plan of care includes diagnostics (MRI (magnetic resonance imaging) of knee, over the counter NSAIDS (non-steroid anti-inflammatory medication), and ice application with return to full duty. The Request for Authorization requested service to include Duexis (no quantity).The Utilization Review on 9-24-15 denied the request for Duexis (no quantity), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis (no quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008)This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. However a quantity and dosing Is not included in the request and therefore it cannot be verified that recommended dosing guidelines are being followed. Therefore the request is not medically necessary.