

Case Number:	CM15-0199896		
Date Assigned:	10/15/2015	Date of Injury:	05/26/2015
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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 53 year old female, who sustained an industrial injury on 5-26-2015. The injured worker was being treated for bilateral knee chondromalacia and left knee prepatellar bursitis. Medical records (8-13-2015, 8-28-2015, and 9-8-2015) indicate ongoing bilateral knee pain with occasional popping of the knees (right greater than left), left lower extremity weakness and tingling, and bottom of the right foot pain. The injured worker reported her pain is rated left knee is 6 out of 10 and right knee is 4 out of 10 on 8-13-2015 and 9-8-2015 and 8 out of 10 and right knee is 3 out of 10 on 8-28-2015. The physical exam (8-13-2015) reveals decreased range of motion of the knee (left greater than right). The physical exam (8-28-2015) reveals decreased range of motion of the knee (left greater than right), patellofemoral crepitus of the left knee, left knee pain with Murray's and tenderness to palpation of the bilateral knees. The physical exam (9-8-2015) reveals a mildly antalgic gait, decreased range of motion of the knee (left greater than right), positive McMurray's, and positive patellofemoral grind. Per the treating physician (9-8-2015 report), x-rays of the left knee dated 7-7-2015 revealed no fracture or subluxation. On 7-7-2015, an MRI of the left knee revealed moderate prepatellar bursitis. The provided medical records did not include a recent urine drug screen for monitoring of opioid compliance. Treatment has included physical therapy for the left knee, work modifications, a hinged knee brace, ice, and medications including Tylenol, Ultracet (since at least 8-2015), Relafen, Naproxen (since at least 5-2015), Prilosec (since at least 5-2015), Ranitidine, and methylprednisolone. Per the treating physician (7-21-2015 report), the injured worker can return

to full duty. The requested treatments included Naproxen 550mg, Prilosec 20mg, and Ultracet 37.5-325mg. On 10-2-2015, the original utilization review non-certified requests for Norco 10-325 mg #90 and Amitriptyline 25 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 3 tabs daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in May 2015 when she tripped and fell while working as a machine operator while carrying a box of plastic parts striking her left knee on the floor. She had progressive pain and stiffness. As of 06/23/15 she had completed five physical therapy treatments. She has a history of ulcers. Naproxen is referenced as providing 25% pain relief. When seen, she had left knee pain rated at 6/10 and right knee pain at 4/10. She was having occasional popping of both knees. She had left lower extremity tingling and weakness. She was having pain at the bottom of her right foot. Ultracet is referenced as providing good relief. Physical examination findings included a mildly antalgic gait. There was decreased knee range of motion. McMurray's testing and patellofemoral grind testing was positive bilaterally. Her body mass index is over 31. Diagnoses were chondromalacia and left knee pre-patellar bursitis. Medications were refilled including Naproxen 550 mg three times per day as needed. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing of up to 1650 mg is not consistent with guideline recommendations and cannot be accepted as being medically necessary.

Prilosec 20mg 1 tab: Overturned

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

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

Decision rationale: The claimant sustained a work injury in May 2015 when she tripped and fell while working as a machine operator while carrying a box of plastic parts striking her left knee on the floor. She had progressive pain and stiffness. As of 06/23/15 she had completed five physical therapy treatments. She has a history of ulcers. Naproxen is referenced as providing 25% pain relief. When seen, she had left knee pain rated at 6/10 and right knee pain at 4/10. She

was having occasional popping of both knees. She had left lower extremity tingling and weakness. She was having pain at the bottom of her right foot. Ultracet is referenced as providing good relief. Physical examination findings included a mildly antalgic gait. There was decreased knee range of motion. McMurray's testing and patellofemoral grind testing was positive bilaterally. Her body mass index is over 31. Diagnoses were chondromalacia and left knee pre-patellar bursitis. Medications were refilled including Naproxen 550 mg three times per day as needed. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is continuing to be prescribed naproxen at a higher than recommended dose and has a history of ulcers. Prilosec (omeprazole) was medically necessary.

Ultracet 37.5/325mg 1 tab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/15/2015) Online version.

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

Decision rationale: The claimant sustained a work injury in May 2015 when she tripped and fell while working as a machine operator while carrying a box of plastic parts striking her left knee on the floor. She had progressive pain and stiffness. As of 06/23/15 she had completed five physical therapy treatments. She has a history of ulcers. Naproxen is referenced as providing 25% pain relief. When seen, she had left knee pain rated at 6/10 and right knee pain at 4/10. She was having occasional popping of both knees. She had left lower extremity tingling and weakness. She was having pain at the bottom of her right foot. Ultracet is referenced as providing good relief. Physical examination findings included a mildly antalgic gait. There was decreased knee range of motion. McMurray's testing and patellofemoral grind testing was positive bilaterally. Her body mass index is over 31. Diagnoses were chondromalacia and left knee pre-patellar bursitis. Medications were refilled including Naproxen 550 mg three times per day as needed. Ultracet (tramadol/acetaminophen) is a short acting combination opioid 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.