

Case Number:	CM15-0029218		
Date Assigned:	02/23/2015	Date of Injury:	12/11/1997
Decision Date:	05/19/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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, Washington

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 74-year-old male who sustained an industrial injury on December 11, 1997. He has reported injuries to bilateral knees and has been diagnosed with unspecified internal derangement of the knee. Treatment has included medications. The injured worker presented on 12/08/2014 with complaints of bilateral knee pain. The current medication regimen includes Ultram, Zanaflex, flector 1.3% patch, Voltaren gel 1%, gabapentin, Prilosec, Anaprox, tramadol, and Norco. The injured worker reported chronic bilateral knee pain. Upon examination of the right knee, there was tenderness to palpation with positive grind testing and tricompartmental joint tenderness. On examination of the left knee, there was swelling, tenderness, crepitation, and limited range of motion. Recommendations included continuation of the current medication regime as well as bilateral knee x-rays. An MRI scan of the bilateral knees was also recommended. A Request for Authorization form was then submitted on 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 360 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication for an unknown duration without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Tramadol 50 mg, 360 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication for an unknown duration without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Anaprox DS 550 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines do not support long-term use of NSAIDs. There is also no evidence of objective functional improvement. The request as submitted failed to indicate a frequency. Given the above, the request is not medically necessary.

Prilosec DR 20 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

Flector patches 1.3%, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. The medical necessity for the requested topical analgesic has not been established. There is also no documentation of objective functional improvement despite the ongoing use of this medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically necessary.

Voltaren gel 1%, 4 grams, quantity of two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. The medical necessity for the requested topical analgesic has not been established. There is also no documentation of objective functional improvement despite the ongoing use of this medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was no documentation of a recent attempt at any conservative treatment for the bilateral knees prior to the request for an MRI. The injured worker was pending authorization for x-rays of the bilateral knees also. Given the above, the request is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was no documentation of a recent attempt at any conservative treatment for the bilateral knees prior to the request for an MRI. The injured worker was pending authorization for x-rays of the bilateral knees also. Given the above, the request is not medically necessary.