

Case Number:	CM15-0031023		
Date Assigned:	02/24/2015	Date of Injury:	05/10/2013
Decision Date:	04/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 41 year old male, who sustained an industrial injury on 05/10/2013. He has reported subsequent bilateral knee pain and was diagnosed with medial meniscal tear of the left and right knees and status-post right and left knee arthroscopy, medial and lateral meniscectomy and chondroplasty. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/26/2015, the injured worker complained of increased left knee pain that was rated as a 5-6/10 with medication and 8/10 without medication. Objective examination findings were notable for minimal swelling and tenderness over the medial aspect of the left knee and decreased range of motion of the bilateral knees. Requests for authorization of Motrin, Prilosec and an H wave unit for treatment of left knee pain were made. On 02/11/2015, Utilization Review non-certified a request for 30 day home trial of H-wave therapy, noting that there was no indication that the injured worker had a trial of a TENS unit. Utilization review modified a request for Motrin from 600 mg #90 with three refills to 600 mg #90 with one refill and modified a request for Prilosec from Prilosec 20 mg #30 three refills to Omeprazole 20 mg #30 with one refill to allow timely follow-up. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

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

Decision rationale: Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is some mild pain relief and functional improvement attributed to the use of Motrin and an opioid. However, as with any medication, ongoing use is dependent on efficacy and continued need and the request for approximately 4 months of treatment is not conducive to regular reevaluation for these criteria. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of medication. In light of the above issues, the currently requested Motrin is not medically necessary.

Prilosec 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the provider notes upset stomach secondary to medications, but there is no clear indication of efficacy from prior use of this medication. In the absence of such documentation, the currently requested Prilosec is not medically necessary.

Thirty (30) day home trial of H-wave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-118.

Decision rationale: Regarding the request for H-wave trial, Chronic Pain Medical Treatment Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and

medications plus transcutaneous electrical nerve stimulation. Within the documentation there is no indication that the patient has undergone a 30-day TENS unit trial as recommended by guidelines including how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period including medication usage. In the absence of such documentation, the currently requested H-wave trial is not medically necessary.