MAXIMUS Federal Services

Case Number:	CM15-0042886		
Date Assigned:	03/13/2015	Date of Injury:	04/23/2007
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas
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 41 year old, male patient, who sustained an industrial injury on 04/23/2007. A primary treating office visit dated 01/20/2015, reported subjective complaint of constant right knee pain along with left knee pain. He has motion loss, stiffness and weather effects the pain. The patient is noted using a transcutaneous electrical nerve stimulator unit, hot and cold wraps both of which he is to continue using. He does wear a brace on the right knee. He also states that he has not been getting medications authorized. Physical examination found the right knee with tenderness along the medial joint line, more medially than laterally on the right with a positive McMurray's test. There is some crepitation with range of motion. There is also tenderness along inner joint line with a positive compression test along the inner patella. The following diagnoses are applied; internal derangement of right knee, status post meniscectomy medially and laterally with grade 3 chondromalacia along the patella; internal derangement of the left knee with meniscus tear and chondromalacia along medial joint line and cartilage defect in the medical tibial plateau and chronic pain syndrome,secondary gastointestinal irritation and sexual dysfunction. The plan of care involved left knee brace, magnetic resonance imaging, suggesting Nalfon 400mg #60, Protonix 20mg #60 and Tramadol ER mg #60. He may continue work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Basis / Criteria: ODG, Lunesta, Sleep-aids.

Decision rationale: MTUS treatment guidelines are silent about Lunesta. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lunesta. Guidelines state the following: recommends Lunesta for short term use, not long term, 3 weeks in the 1st 2 months of injury. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. The clinical documents state that the patient was taking this medication for greater than 3 months. According to the clinical documentation provided and current guidelines; Lunesta is not indicated as a medical necessity to the patient at this time.

1 standing x-rays for the left knee A/P, lateral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Number: page 347 Summary of Knee complaints..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an Xray of the Knee. MTUS guidelines state the following: Plain films are recommended in red flag symptoms. According to the clinical documentation provided and current MTUS guidelines; an xray of the knee is indicated as a medical necessity to the patient at this time.