

<b>Case Number:</b>	CM15-0057212		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 60-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 19, 2009. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve requests for a knee corticosteroid injection and Vimovo. The claims administrator did, however, approve corticosteroid injection for the contralateral knee. The claims administrator referenced a February 25, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a prescription form dated December 4, 2014, Norco, Ambien, Flexeril, and Protonix were seemingly renewed. In a handwritten progress note dated February 20, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee pain. The applicant was given diagnoses of knee meniscal derangement and knee chondromalacia. The applicant was returned to regular duty work on this date. In a handwritten RFA form of February 20, 2015, bilateral knee corticosteroid injections and Vimovo were endorsed, without much supporting rationale. Little-to-no narrative commentary was attached either to the RFA form or the progress note on which the corticosteroid injection and Vimovo were proposed. On December 4, 2014, the applicant reported ongoing complaints of low back, neck, and shoulder pain. Once again, the applicant's work status was furnished. Norco, Ambien, Flexeril, and drug testing were endorsed on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** No, the request for a knee cortisone injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive techniques such as the knee corticosteroid injection at issue are "not routinely indicated." In this case, the attending provider's February 20, 2015 progress note was sparse, thinly developed, handwritten, and did not set forth a clear or compelling case for pursuit of knee corticosteroid injection therapy in the face of the tepid ACOEM position on the same. It was not stated whether the applicant had or had not had prior corticosteroid injection therapy involving the knee and, if so, what the response was. Therefore, the request was not medically necessary.

**Vimovo 500/20mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

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

**Decision rationale:** Similarly, the request for Vimovo, an amalgam of naproxen, an anti-inflammatory medication and esomeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as esomeprazole (Nexium) are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on the February 25, 2015 progress note on which Vimovo was seemingly introduced. Therefore, the request was not medically necessary.