

Case Number:	CM14-0119288		
Date Assigned:	09/22/2014	Date of Injury:	05/14/2007
Decision Date:	11/18/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 5/14/2007. Per orthopedic surgeon periodic evaluation dated 7/23/2014, the injured worker is status post left total joint replacement. He is doing better. He is improving his range of motion. He still has ways to go. He still has flexion no more than 90 degrees and extension 175 degrees. He has some swelling behind the knee and feels it is quite tight when he goes to stretch. He is doing physical therapy two to three times a week and his next session is tomorrow. He has about five sessions left, and he has a prescription for additional therapy. He will need additional therapy to work on his range of motion. He still has a little bit of swelling around the knee also. He has also developed pain in the big great toe only when he has to do physical therapy which is quite strange. I did ask for uric acid levels in case this was a gout outbreak, although it does not appear to be that acute. I do not know any other reason why his great toe would swell so much with therapy. He did have some other reason why his great toe would swell so much with therapy. He did have some routine blood work done. His GFR was elevated and he is to recheck in three months, otherwise his creatinine was normal. He has Norco, with about 20 left that he can take until next visit. He has been approved for Paxil and naproxen which he received today. I suggest doing foam cylinder type exercises so that he can roll his knee across which may help with some of the tightness that he is having in his incision. On examination flexion is 90 degrees and extension is 175 degrees. He has tenderness along the knee joint along the incision, otherwise it is healing quite well. He has mild swelling behind the knee which is expected and the great toe looks okay. He has some weakness with dorsiflexion and plantarflexion secondary to pain. Diagnoses include 1) internal derangement of left knee status post two surgical intervention including microfracture technique in 2009 2) hypertension, under control 3) internal derangement of the right knee, not covered per the AME 4) element of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (Hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is status post surgery, but is not reporting significant pain, and is reported as doing well. Efficacy of Norco is not addressed, and there does not appear to be a reason why Norco is continued now. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 1 prescription of Norco 10/325mg #120 is determined to not be medically necessary.

1 prescription of Protonix 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: regarding Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section, Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended when using NSAIDs if there is a risk for gastrointestinal events. The requesting physician reports that the injured worker has a history of gastritis. The injured worker is being treated chronically with an NSAID. The request for 1 prescription of Protonix 20mg #60 is determined to be medically necessary.

1 prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is status post surgery, but is not reporting significant pain, and is reported as doing well. Efficacy of Tramadol ER is not addressed, and there does not appear to be a reason why Tramadol ER is continued now. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 1 prescription of Tramadol ER 150mg #30 is determined to not be medically necessary.

1 uric acid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 2012 American College of Rheumatology guidelines for management of gout. Part 1: systematic nonpharmacologic and pharmacologic therapeutic approaches to hyperuricemia.

Decision rationale: The MTUS Guidelines and ODG do not address the diagnosis of gout and the use of serum uric acid laboratory analysis. The cited guidelines, accessed through a search of the National Guidelines Clearinghouse accessed through www.guideline.gov indicates that assessment for gout includes the following: 1) Assessment of comorbidities 2) Assessment of use of urate-elevating medicines 3) Laboratory investigations, as indicated, e.g., urinalysis, renal ultrasound, a complete blood cell count with differential cell count, or urine uric acid quantification 4) Referral to a specialist, as indicated 5) History and physical examination for symptoms of arthritis and signs such as tophi and acute and chronic synovitis 6) Imaging: high-resolution ultrasound, computed tomography (CT), dual-energy CT, or plain radiographs, as indicated. The requesting physician has a suspicion of gout, but the requested laboratory study is not necessary for the assessment of gout. The request for 1 uric acid is determined to not be medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (Hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is status post surgery, but is not reporting significant pain, and is reported as doing well. Efficacy of Norco is not addressed, and there does not appear to be a reason why Norco is continued now. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 1 prescription of Norco 10/325mg #120 is determined to not be medically necessary.