

Case Number:	CM14-0126438		
Date Assigned:	09/16/2014	Date of Injury:	02/14/1995
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine & Rehabilitation 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:

The patient is a 79-year-old female who has submitted a claim for status post right total knee arthroplasty associated with an industrial injury date of 02/14/1995. Medical records from 04/08/2013 to 11/14/2013 were reviewed and showed that patient complained of right knee pain (pain scale grade not specified). Physical examination revealed well-healed incision, tenderness over lateral aspect of knee, and slightly decreased knee ROM. X-ray of the right knee dated 10/08/2013 was unremarkable. Of note, there was no complaint of gastrointestinal disturbances. Treatment to date has included total knee replacement 10/15/2012, Omeprazole (unspecified dosage and quantity; prescribed 06/27/2013), physical therapy, and pain medications. Utilization review dated 07/22/2014 denied the request for Prilosec 20mg #60 because the guidelines do not recommend prophylactic use of this medication. Utilization review dated 07/22/2014 denied the request for transdermal medications because the guidelines do not support topical creams. Utilization review dated 07/22/2014 denied the request for Tramadol/L-Carnitine as the guidelines do not support compounded medications. Utilization review dated 07/22/2014 denied the request for 1cc Kenalog and 2 cc of Marcaine into the right peroneal; however, the rationale was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog 1cc and Marcaine 2 cc into the right peroneal: 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 Official Disability Guidelines (ODG) Knee and Leg, Corticosteoid Injections

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that the short-term benefit of intra-articular corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported but longer-term benefits have not been confirmed. In this case, the patient complained of right knee pain. However, medical records submitted for review were from 06/27/2013 to 11/14/2013. The patient's current clinical and functional status is unknown. Therefore, the request for 1cc Kenalog and 2 cc of Marcaine into the right peroneal is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient complained of right knee pain. However, medical records submitted for review were from 06/27/2013 to 11/14/2013. The patient's current clinical and functional status is unknown. Therefore, the request for Prilosec 20mg #60 is not medically necessary.

Transdermal medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to pages 111-113 of CA MTUS Chronic Pain Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents

requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the patient complained of right knee pain. However, medical records submitted for review were from 06/27/2013 to 11/14/2013. The patient's current clinical and functional status is unknown. Therefore, the request for Transdermal medication is not medically necessary.

Tramadol/LCarnitine 10/125mg #81: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound - Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient complained of right knee pain. However, medical records submitted for review were from 06/27/2013 to 11/14/2013. The patient's current clinical and functional status is unknown. Therefore, the request for Tramadol/L Carnitine 10/125mg #81 is not medically necessary.