

Case Number:	CM14-0132678		
Date Assigned:	08/22/2014	Date of Injury:	03/22/2011
Decision Date:	10/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 55 year-old female with a date of injury of March 22, 2011. The patient's industrially related diagnoses include torn medial and lateral meniscus of the left knee, s/p arthroscopy of left knee, left knee and right osteoarthritis, mechanical discogenic low back pain, and right foot plantar fasciitis. The disputed issues are a prescription for Vicodin 5/300mg #30, Omeprazole 20mg #30, and left knee hinged brace. A utilization review determination on 8/13/2014 had non-certified these requests. The stated rationale for the denial of Vicodin 5/300mg was "there is no VAS qualification of pain, with and without medication. There is no documented symptomatic of functional improvement form it previous usage. Based on the currently available information and the time allotted for tapering, the medical necessity for the continued use of this narcotic has not been established." The stated rationale for the denial of Omeprazole was "there is no documentation of GI distress symptoms." Lastly, the stated rationale for the denial of the left knee hinged brace was "the guidelines recommend knee braces with documented ligament instability which is not documented. Based on the currently available information and absent updated diagnostics to substantiate the physical exam finding, the medical necessity for this durable medical equipment (DME) has not been established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Vicodin 5/300 mg is an opioid that is recommended for moderate to severe pain. With regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Within the documentation available for review, there is insufficient documentation that the prescribed opioid is improving the injured worker's function or pain. There is no documentation of decreased pain levels with the use of the Vicodin compared to without medication and no objective functional improvement. While evaluation for aberrant behavior is addressed with urine drug screens, adverse side effects are not addressed. As such, there is no clear indication for ongoing use of the medication. The guidelines recommend that if there is no improvement in function, then opioids should be discontinued. Given the lack of documentation, the request for Vicodin 5/300 mg #60 is not medically necessary. Although Vicodin is not medically necessary, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

Omeprazole 20 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs- GI symptoms and Cardiovascular risk.

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

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The submitted documentation lacks a discussion of previous gastrointestinal events or specific gastrointestinal risk factors which would warrant a proton pump inhibitor. The injured worker is prescribed Naprosyn 500 mg but merely taking a nonselective NSAID does not warrant a proton pump inhibitor as per the Chronic Pain Medical Treatment Medical Guidelines. This request for Omeprazole 20 mg #30 is not medically necessary.

Left Knee hinged brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace

Decision rationale: ACOEM Chapter 13 "Knee Complaints" on page 340 states the following regarding knee bracing: "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Furthermore, Table 13-6 "Summary of Recommendations for Evaluating and Managing Knee Complaints" on page 346 classifies as optional "functional bracing as part of a rehabilitation program (D), and recommends against "prophylactic braces (D)" and "prolonged bracing for ACL deficient knee (D)." In addition to the above guidelines, which specify that knee braces must be "properly fitted," the Official Disability Guidelines recommend which specific diagnoses warrant a prefabricated versus a custom brace. The following is an excerpt from the Official Disability Guidelines, Knee and Leg Chapter: "Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability2. Ligament insufficiency/deficiency3. Reconstructed ligament -4. Articular defect repair5. Avascular necrosis6. Meniscal cartilage repair7. Painful failed total knee arthroplasty8. Painful high tibial osteotomy9. Painful uni-compartmental osteoarthritis10. Tibial plateau fracture" With regard to this injured worker, there is documentation that the injured worker was diagnosed with torn medial and lateral meniscus of the left knee and is status post arthroscopy of the left knee. Furthermore, there is documentation of left knee osteoarthropathies. In the documentation provided for review, the healthcare provider documented in February 2014 that the injured worker was working part-time 6 hours per day. However, the guidelines state that brace use needs to be combined with a rehabilitation program and in the progress note dated 5/2/2014, it is documented that the injured worker completed 12 sessions of physical therapy but she did not get much relief to her left knee. There is no indication that the injured worker is currently participating in a rehabilitation program or that she will begin one in conjunction with the use of the knee brace. Based on the guidelines, the request for the hinged knee brace for the left knee is not medically necessary.