

Case Number:	CM14-0145791		
Date Assigned:	09/12/2014	Date of Injury:	07/26/2009
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 and 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 injured worker is a 24-year-old male who reported an injury on 07/26/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of history of right ankle fracture, right ankle chronic sprain/strain, right knee osteoarthritis, and right knee bilateral patellar subluxation. Past medical treatment consists of the use of a TENS unit, physical therapy, surgery, the use of a knee brace, and medication. Medication includes Norco and Anaprox. There were no urinalysis or drug screens submitted for review. On 08/06/2014, the injured worker complained of right knee pain. Physical examination revealed that the right ankle had tenderness laterally. There was decreased range of motion. There was a healed lateral surgical incision. Crepitation was noted with range of motion. Examination of the right knee revealed patellofemoral crepitation, a positive Apley grind test, tenderness to palpation at the joint line, and pain with weight bearing. There was pain noted with range of motion. The medical treatment plan is for the injured worker to see an ankle/knee specialist, continue medication, and continue with the use of a TENS unit. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Ankle / Knee specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Referral, Chronic Pain, Introduction Page(s): 1.

Decision rationale: The request for Referral to Ankle / Knee specialist is not medically necessary. According to the California MTUS upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The submitted documentation lacked any indication as to why the provider was requesting referral to an ankle/knee specialist. Physical examination dated 08/06/2014 lacked pertinent physical findings on examination. Additionally, the rationale was not provided for review. Given the above, a referral to an ankle/knee specialist is not warranted. As such, the request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78 and 98.

Decision rationale: The request for Norco 10/325mg #180 is not medically necessary. Guidelines state that prescriptions should be from a single practitioner, taken as directed, and all prescriptions from a single pharmacy. Guidelines also stipulate that dosage should be in its lowest possible form. MTUS Guidelines state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain; the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, and how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should also be the use of screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted documentation lacked any indication of urine or drug screening. Additionally, there was no pain assessment as to what pain levels were before, during, and after the medication was administered. Furthermore, there was a lack of evidence of the Norco helping with any functional deficits the injured worker might have had. There was also no mention of any side effects. The request as submitted did not indicate a frequency or duration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Norco 10/325mg #180 is not medically necessary.

Anaprox DS #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for Anaprox DS #60 is not medically necessary. The MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis and acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at its lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, guidelines recommend NSAIDs as an option for short term symptomatic relief. Documentation dated 03/28/2014 indicated that the injured worker had been taking Anaprox since at least this time, exceeding the recommended guidelines for short term use of an NSAID. Long term use of NSAID medication puts patients at risk for gastrointestinal events, duodenal ulcers, or GI bleeding. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Anaprox DS #60 is not medically necessary.

TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

Decision rationale: The request for TENS/EMS unit is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive. The published trials do not provide information on the stimulation parameter which is most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There was a lack of documentation indicating the significant deficits upon physical examination. The efficacy of the use of the TENS unit was also not provided for review. Additionally, the request as submitted did not indicate whether the TENS unit was for rental or for purchase. Furthermore, it did not specify where the TENS unit was going to be used. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for TENS/EMS unit is not medically necessary.