

Case Number:	CM13-0066993		
Date Assigned:	04/02/2015	Date of Injury:	08/22/2004
Decision Date:	05/13/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female who reported an injury on 08/22/2004. Her mechanism of injury was not included. Her diagnoses included arthritis; internal derangement of knee, right; internal derangement of knee, left; discogenic lumbar condition at L4-5; ankle sprain on the left; and element of depression, sleep, and anxiety. The injured worker was seen on 11/14/2013 and on physical exam was noted to be having some pin tract infection, for which she was on antibiotics and becoming nauseated. She was noted to have had a fall and some bruising along her right knee medial joint line. She had a distraction unit to her leg. She presented for her third Hyalgan injection to the right knee, where she had bone to bone. An MRI of the right knee indicated tricompartmental arthritis. She had used hot and cold wraps, a back brace, and a knee brace. EMGs were obtained that indicated neuropathy. Nerve studies indicated peroneal neuropathy on the right side. She was also seeing a psychiatrist, who was providing her with medications. Tenderness was noted along the joint line on the right as well as the left. Range of motion of the knee was full in extension and flexion was 90 degrees. Her treatment plan included requesting a DonJoy brace to unload the medial joint line on the left, a request for Hyalgan injections to the left knee, prescriptions for glucosamine 500 mg, Norco 120 tablets, Nexium 20 mg, and Zofran 8 mg, and followup in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine 500mg, quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for glucosamine 500 mg does not include a quantity nor does it including dosing instructions. The California MTUS Guidelines state that glucosamine and chondroitin sulfate are recommended as an option given the low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. There is a lack of documentation regarding response to other conservative therapy including the Hyalgan injection. As the Hyalgan injection is a derivative of glucosamine and there is a lack of response to the oral treatment, the request for glucosamine 500 mg is not medically necessary.

Zofran 8mg, quantity not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Antiemetics (for opioid nausea), Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: The Official Disability Guidelines state that Zofran is a drug that is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. Therefore, as the guidelines do not recommend Zofran for use as an antiemetic with antibiotics and the request does not include a quantity nor does it include dosing instructions, the request for Zofran 8 mg is not medically necessary.

Norco, dosage and quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-80.

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

Decision rationale: The request for Norco does not include dosage nor does it include quantity instructions. The California MTUS Guidelines state there are 4 domains that are proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially drug related behaviors. There is a lack of documentation regarding a proper pain assessment, adverse reactions from this medication, objective functional improvement with activities of daily living, or a current urine drug screen. Therefore, the request for Norco is not medically necessary.

Nexium 20mg, quantity not indicated: Upheld

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

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

Decision rationale: The request for Nexium 20 mg does not include a quantity nor does it include dosing directions. The California MTUS Guidelines state for use of a proton pump inhibitor, first a determination if the patient is at risk for gastrointestinal events must be determined. Those determining factors include an age of greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is a lack of documentation regarding peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroid injection, or anticoagulant; or high dose or multiple NSAID use. Therefore, the request for Nexium 20 mg is not medically necessary.