MAXIMUS Federal Services

Case Number:	CM14-0212187		
Date Assigned:	01/02/2015	Date of Injury:	10/02/2008
Decision Date:	03/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 medical records presented for review indicate that this 41-year-old female sustained an injury on October 2, 2008. The mechanism of injury was stated to be stepping out of a vehicle and twisting the lower extremity. Previous treatment has included an arthroscopy in both 2009 and 2011 and a right total knee arthroplasty performed on September 4, 2014. The most recent physicians' progress note is an orthopedic surgery note dated November 4, 2014. On this date there was a chief complaint of right knee pain. Current treatment includes physical therapy to include the use of a CPM machine which currently provides flexion to 90. Passive flexion was stated to be limited to 75 and ambulation is assisted with the use of a cane. The injured employee also uses a hot/cold wrap. The physical examination revealed an extension lag of 20 and flexion to 75. There was tenderness at the median nerve distribution and no evidence of drainage, hives, or open wounds. There was a recommendation for physiatry as well as psychological counseling and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (#180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 76-80, 91-92, 124.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of 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 '4s' (Analgesia, activities of daily living, adverse side effects, and any 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."Review of the available medical records reveals, neither documentation to support the medical necessity of hydrocodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The most recent progress note dated November 4, 2014 does not indicate an objective improvement of the injured employees pain level (decreased symptomology) with the usage of Norco; nor is there any documentation regarding increased ability to function, medication side effects, or potential aberrant behavior. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Protonix (20mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants PPIs Page(s): 68-69.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. The California MTUS Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptoms or risk factors. The most recent progress note dated November 4, 2014, does not note a gastrointestinal disorder, nor any other risk factors to warrant the usage of Protonix. As such, this request for Protonix is not medically necessary.

Cyclobenzaprine (7.5mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of musculoskeletal conditions. According to the most recent progress note, the injured employee does not have any complaints of acute muscular exacerbations, but rather persistent chronic pain while working on range of motion, which is unchanged for over 3 months. Nor are there any spasms present on physical examination. For these reasons this request for cyclobenzaprine is not medically necessary.