

Case Number:	CM15-0015141		
Date Assigned:	02/03/2015	Date of Injury:	06/08/2012
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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
 Certification(s)/Specialty: Family Practice

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 31- year old male, who sustained an industrial injury on June 8, 2012. The diagnoses have included right anterior cruciate ligament and medical meniscus tear and surgical repair, status-post L4-L5 and L5-S1 laminectomy, right shoulder internal derangement, left wrist trauma, status-post open reduction and internal fixation, reactionary depression/anxiety, gastroesophageal reflux disease medication-induced gastritis. Treatment to date has included pain medication to include oral and topical application, trigger point injections, physical therapy with a home exercise program, intra-articular knee joint injections, shoulder surgery, hip surgery and routine follow-up. Currently, the injured worker complains of right knee pain and a recent exacerbation of low back pain. Physical exam was remarkable for edema and tenderness to palpation of the right knee. Range of motion was limited due to pain. There were palpable trigger points in the lumbar spine with spasms of the muscles in lumbar spine as well. The injured worker is undergoing weaning of opioids. On December 30, 2014, the Utilization Review decision non-certified requests for a right intra-articular knee joint injection, four trigger point injections, Anaprox count 60 and Prilosec count 60 and modified a request for Norco 10/325mg count 240. The rationale for the non-coverage of Anaprox reflected that nonsteroidal anti-inflammatory medications have been shown to possibly delay and hamper healing in all soft tissues, including muscles, ligaments, tendons and cartilage. The Prilosec was non-certified because it was ordered for gastritis with Anaprox and the Anaprox was non-certified. The intra-articular knee injection was non-certified because the documentation failed to identify a diagnosis of severe osteoarthritis. The trigger-point injections were non-certified due to the

documentation reflecting that the worker had received an injection on November 20, 2014 and the injection did not provide significant pain relief. The Norco was partially approved to allow for weaning since the worker had been on this medication long term. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of a right intra-articular knee joint injection, four trigger point injections and Norco 10/325mg count 240, Anaprox count 60 and Prilosec count 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Anaprox Page(s): 21-22, 72.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker is followed for chronic pain status post multiple surgical interventions. He is undergoing weaning of his opioids. The request for first line non-steroidal anti-inflammatory medication is supported to address the inflammatory component of this patient's chronic pain syndrome and allow him to successfully wean off opioids. The request for Anaprox #60 is medically necessary.

Prilosec # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for those with a history of peptic ulcer, gastro-intestinal bleeding or perforation and those on high dose/multiple non-steroidal anti-inflammatory medications. MTUS recommends proton pump inhibitor such as prilosec for patients who are at intermediate risk for gastrointestinal events, In this case, the injured worker is diagnosed with medication induced gastritis and gastroesophageal reflux disease. The request for Prilosec #60 is medically necessary.

One right Intra-Articular knee joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Corticosteroid injections

Decision rationale: According to the CA MTUS guidelines, repeated corticosteroid injections do not meet inclusion criteria for research based evidence according to panel interpretation. According to the Official Disability Guidelines, intra-articular corticosteroid injection may be used for osteoarthritic knee pain. In this case, the medical records do not establish diagnosis of significant osteoarthrosis. Furthermore, the medical records do not establish results obtained from past intra-articular injections. The request for one right Intra-Articular knee joint injection is not medically necessary.

4 trigger point injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 121-122.

Decision rationale: According to the MTUS guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The medical records indicate that the injured worker is diagnosed with chronic back pain and has sustained an exacerbation. Examination has revealed findings consistent with palpation of a circumscribed trigger point with evidence of a twitch response and referred pain. The request for 4 trigger point injections is medically necessary.

Norco 10/325 mg # 240: Overturned

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): 74-96.

Decision rationale: The MTUS guidelines do not recommend long term use of opioids for chronic non-malignant pain. The MTUS guidelines also note that those who have been on chronic opioid therapy, should be gradually weaned from opioids and opioids should not be suddenly discontinued. The medical records note that the treating physician is initiating weaning. Modification can not be rendered in this review. As such, the request for Norco is supported while the injured worker undergoes a slow wean. The request for Norco 10/325 mg #240 is medically necessary.