

Case Number:	CM15-0113666		
Date Assigned:	06/22/2015	Date of Injury:	04/25/2013
Decision Date:	08/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27-year-old male with an industrial injury dated 04/25/2013. Diagnosis is failed right anterior cruciate ligament reconstruction based upon non-isometric insertion point. Prior treatment included surgery, medications, therapy and diagnostics. He presented on 04/01/2015 with right knee pain with occasional swelling. He complained of constant moderate pain in his right knee with occasional swelling and numbness in his right leg. He is unable to stand or walk for more than 20 minutes before his pain increases. He was wearing a knee brace. Physical exam of the knee noted the injured worker could squat 50% of normal and had difficulties arising from a squat position. Right knee alignment was normal. Range of motion was decreased. Motor strength was normal. The injured worker ambulated with a flexed knee gait. The request is for Norco 10/325 mg - quantity 120, Prilosec 20 mg - quantity 60, Ultram ER (extended release) 150 mg - quantity 60 and Voltaren XR (extended release) 100 mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 04/25/2013. The medical records provided indicate the diagnosis of failed right anterior cruciate ligament reconstruction. Treatments have included surgery, medications, therapy. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg Qty 120. Norco is a combination of the opioid Hydrocodone and Acetaminophen. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; to discontinue opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since December 2014, but the injured worker has remained off work. The injured worker is not well monitored for pain control, adverse effects, activities of daily living and aberrant behavior, therefore not medically necessary.

Ultram ER (extended release) 150 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 04/25/2013. The medical records provided indicate the diagnosis of failed right anterior cruciate ligament reconstruction. Treatments have included surgery, medications, therapy. The medical records provided for review do not indicate a medical necessity for Ultram ER (extended release) 150 mg Qty 60. Ultram (Tramadol), is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; to discontinue opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since December 2014, but the injured worker has remained off work. The injured worker is not well monitored for pain control, adverse effects, activities of daily living and aberrant behavior, therefore not medically necessary.

Voltaren XR (extended release) 100 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diclofenac sodium (Voltaren ½, Voltaren-XR ½).

Decision rationale: The injured worker sustained a work related injury on 04/25/2013. The medical records provided indicate the diagnosis of failed right anterior cruciate ligament reconstruction. Treatments have included surgery, medications, therapy. The medical records provided for review do not indicate a medical necessity for Voltaren XR (extended release) 100 mg Qty 60. The MTUS recommends the use of the lowest dose of the NSAIDs for lowest dose for the shortest period in patients with moderate to severe pain. Voltaren (Diclofenac sodium ER) is a Non-steroidal anti-inflammatory Drug. The Official Disability Guidelines does not recommend Diclofenac as first line NSAID due to increased risk profile. The records do not indicate the injured worker has failed treatment with safer NSAIDs, therefore not medically necessary.

Prilosec 20 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67.

Decision rationale: The injured worker sustained a work related injury on 04/25/2013. The medical records provided indicate the diagnosis of failed right anterior cruciate ligament reconstruction. Treatments have included surgery, medications, therapy. The medical records provided for review do not indicate a medical necessity for Prilosec 20 mg Qty 60. Prilosec (Omeprazole) is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events on treatment with with NSAIDs. The medical records do not indicate the injured worker is at risk of gastrointestinal risk, besides the NSAID voltaren has been determined not to be medically necessary.