

Case Number:	CM15-0121486		
Date Assigned:	07/02/2015	Date of Injury:	02/17/2015
Decision Date:	09/16/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
 Certification(s)/Specialty: Emergency 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 25 year old female, who sustained an industrial injury on February 17, 2015. She reported a right knee injury. The injured worker was diagnosed as having right knee internal derangement. Diagnostic studies to date have included: On February 17, 2015 and February 20, 2015 x-rays of the right knee were unremarkable. On February 27, 2015, an MRI of the right knee revealed a partial-thickness tear of the medial retinaculum at the patellar attachment with mild bilateral transition of the patella in relation to the trochlear sulcus, marrow edema along the medial aspect of the patella without a discrete fracture line, and a low-grade partial-thickness tear of the anterior cruciate ligament. Treatment to date has included ice, a knee immobilizer, temporary total disability, physical therapy, work modifications, a stabilizing knee brace, and medications including analgesic and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On March 25, 2015, the injured worker complains of right knee pain that is rated 7/10. The pain is worse with prolonged sitting and standing. The physical exam revealed normal deep tendon reflexes, a positive right knee McMurray's, right knee flexion of 90 degrees and extension of -20 degrees, and tenderness of the medial knee. The treatment plan includes cyclobenzaprine, Protonix, Naproxen, and topical compound creams. Requested treatments include: Norflex, Protonix, Voltaren, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (CaMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". No additional benefit has been shown in combination with NSAIDs. The requested muscle relaxant is Norflex (orphenadrine). There is a lack of evidence of acute exacerbation of chronic low back pain. The injured worker is under treatment for a right knee injury. There are no subjective complaints or objective findings of muscle spasms. Therefore, the request for Norflex is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Proton pump inhibitors (PPIs).

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease. Per the Official Disability Guidelines (ODG), Protonix is a second-line proton pump inhibitor medication that is recommended for patients at risk for gastrointestinal events. There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old without a history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose/multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and/or an anticoagulant. There injured worker has no complaints of gastrointestinal issues. Therefore, the request for Protonix is not medically necessary.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects: Diclofenac Sodium (Voltaren, Voltaren-XR) Page(s): 63-71.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CaMTUS) Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs are recommended for the treatment of patients with moderate to severe pain due to osteoarthritis, including pain knee and hip, "at the lowest dose for the shortest period". The injured worker was being treated for right knee pain, but there was no documentation to support that this injured worker was diagnosed with osteoarthritis. Therefore, the medical necessity for Voltaren is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend, drug testing is recommended as an option to assess for the use or the presence of illegal drugs when initiating opioid therapy and when there are issues with abuse, addiction, or poor pain control, and to avoid misuse of opioids, especially for individuals with a high risk of abuse. The injured worker is taking the opioid medication Tramadol. There was a lack of documentation of a risk of addiction screen. There was no documented concern for aberrant medication behavior. Therefore, the urine toxicology testing is not medically necessary.