

Case Number:	CM15-0122633		
Date Assigned:	07/06/2015	Date of Injury:	07/30/2012
Decision Date:	09/02/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: Arizona, Michigan
 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 51 year old female, who sustained an industrial injury on 07/30/2012. The injured worker is able to return to work with modifications but is currently not working. The injured worker is currently diagnosed as having lumbar strain rule out disc herniation, status post right knee arthroscopy on 07/16/2013 with residuals, history of diaphragmatic and umbilical hernias, multiple non-orthopedic complaints, and flare up of the right knee. Treatment and diagnostics to date has included lumbar spine MRI which showed disc bulging and multilevel disc desiccation and degenerative disc disease, normal electromyography/nerve conduction velocity studies of the bilateral lower extremities, physical therapy which aggravated her pain to the lumbar spine, use of a 4-point case and back brace, and medications. In a progress note dated 05/28/2015, the injured worker presented with complaints of lumbar spine pain rated 5-6 out of 10 and right knee pain rated 7-8 out of 10 on the pain scale. It is noted that Norco helps her pain come down from an 8 to a 4 and allows her to ambulate for 20 minutes opposed to 10 minutes without stopping secondary to pain. Objective findings include reduced range of motion to lumbar spine, positive right straight leg raise test, and worsening decreased function to right knee with tenderness over the medial and lateral joint lines with swelling. The treating physician reported requesting authorization for MRI of the right knee, Ativan, Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast, right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: According to MTUS American College of Occupational and Environmental Medicine (ACOEM), "reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL (anterior cruciate ligament) tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRI's valuable in such cases. Also, note that MRI's are superior to arthrography for both diagnosis and safety reasons". The knee findings on the 05/28/2015 examination note decreased function to the right knee with tenderness over the medial and lateral joint lines with swelling and ambulated around the examination room using a cane and a brace. The treating physician noted requesting an MRI with contrast to rule out any tearing or internal derangement due to worsening pain and decreased function of the right knee. Therefore, based on the Guidelines and the submitted records, the request for a right knee MRI is medically necessary and appropriate.

Ativan 0.5mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks". This injured worker has been on a benzodiazepine since at least 12/09/2014 which is much longer than the recommended 4 weeks as suggested by MTUS. Therefore, based on the Guidelines and the submitted records, the request for Ativan is not medically necessary.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician documented the injured worker's least reported pain over the period since last assessment, average pain with noted reduction of pain using Norco, and improvement in function. Therefore, based on the Guidelines and the submitted records, the request for Norco is medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or anticoagulant, or high dose/multiple NSAID" use. The injured worker is less than 65 years of age, there are no noted non-steroidal anti-inflammatory drugs (NSAIDs) prescribed, and there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Prilosec is not medically necessary.