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| Case Number: | CM15-0039890 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 07/05/2006 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on July 5, 2006. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having status post right total knee arthroplasty and left knee degenerative joint disease with progressive failure of conservative management. Treatment to date has included right knee total knee repair in July 2012, viscosupplementation injections, physical therapy, bracing, and medication. Currently, the injured worker complains of the left knee with worsening pain. The Treating Physician's report dated October 27, 2014, noted the injured worker reporting the right knee was doing great after the total knee repair, with the left knee bothering her more. The Physician noted the injured worker with a left antalgic gait, with left knee medial compartment crepitus and discomfort with examination. A left knee x-ray was noted to show bone-on-bone contact in the medial compartment with further evidence of tricompartmental disease. The Physician noted the injured worker had failed conservative management, with the plan to move forward with surgical intervention in the form of a total left knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox 40mg prefilled syringes subcutaneous daily for 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip and Pelvis chapter, Lovenox.

Decision rationale: The patient presents with unrated left knee pain. The patient's date of injury is 07/05/06. Patient is status post total right knee replacement in July 2012. The request is for LOVENOX 40MG PREFILLED SYRINGES SUBCUTANEOUS DAILY FOR 10 DAYS. The RFA was not provided. Physical examination dated 01/27/15 reveals effusion of the left knee, with a limited and painful range of motion and crepitus. The patient is currently prescribed Hydrocodone. Diagnostic imaging was not included; though progress note dated 01/27/15 discusses a prior X-ray of the left knee showing bone on bone contact in the medial compartment and notes signs of degenerative joint disease. Patient's current work status was not provided. ODG Knee Chapter does not discuss Lovenox, though the Hip and Pelvis chapter has the following regarding Lovenox - Enoxaparin: "Not recommended. In patients undergoing orthopedic surgery, 2.5 mg of fondaparinux sodium once daily, starting 6 hours postoperatively, showed a major benefit over enoxaparin, achieving an overall risk reduction of venous thromboembolism greater than 50% without increasing the risk of clinically relevant bleeding. A once daily, 10-mg oral dose of rivaroxaban was significantly more effective for extended thromboprophylaxis than a once-daily, 40-mg subcutaneous dose of enoxaparin in patients undergoing elective total hip arthroplasty." In regard to the request for what appears to be prospective prescription of Lovenox, the treater has not provided a reason for the request. The documentation provided does show some indications that this patient is currently in the pre-operative stages for a total left knee replacement, though the progress notes provided are not clear as to whether this surgery is approved or when it is to take place. It appears that the treater is providing this medication as DVT prophylaxis following surgery. ODG does not support the use of this medication, citing better available options for DVT prophylaxis. Owing to a lack of guideline support and an unclear course of surgical intervention, this medication cannot be substantiated. The request IS NOT medically necessary. In regard to the request for what appears to be prospective prescription of Lovenox, the treater has not provided a reason for the request. The documentation provided does show some indications that this patient is currently in the pre-operative stages for a total left knee replacement, though the progress notes provided are not clear as to whether this surgery is approved or when it is to take place. It appears that the treater is providing this medication as DVT prophylaxis following surgery. ODG does not support the use of this medication, citing better available options for DVT prophylaxis. Owing to a lack of guideline support and an unclear course of surgical intervention, this medication cannot be substantiated. The request IS NOT medically necessary.

Norco 10/325mg, every four hours for pain, quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated left knee pain. The patient's date of injury is 07/05/06. Patient is status post total right knee replacement in July 2012. The request is for NORCO 10/325MG, EVERY FOUR HOURS FOR PAIN QUANTITY 100. The RFA was not provided. Physical examination dated 01/27/15 reveals effusion of the left knee, with a limited and painful range of motion and crepitus. The patient is currently prescribed Hydrocodone. Diagnostic imaging was not included; though progress note dated 01/27/15 discusses a prior X-ray of the left knee showing bone on bone contact in the medial compartment and notes signs of degenerative joint disease. Patient's current work status was not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request of Norco for the management of this patients knee pain, treater has not provided adequate documentation of pain reduction and functional improvement. This patient has been taking Opioid analgesics since at least 08/11/14, though there is no documentation of pain relief or functional improvement specifically attributed to these medications in the subsequent reports. Furthermore, no consistent urine drug screens or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4 documentation as required by MTUS, the request IS NOT medically necessary.

Meloxicam 15mg quantity 30, one per day with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with unrated left knee pain. The patient's date of injury is 07/05/06. Patient is status post total right knee replacement in July 2012. The request is for MELOXICAM 15MG QUANTITY 30, ONE PER DAY WITH THREE REFILLS. The RFA was not provided. Physical examination dated 01/27/15 reveals effusion of the left knee, with a limited and painful range of motion and crepitus. The patient is currently prescribed Hydrocodone. Diagnostic imaging was not included; though progress note dated 01/27/15 discusses a prior X-ray of the left knee showing bone on bone contact in the medial compartment and notes signs of degenerative joint disease. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic

LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to what appears to be initiating prescription of Meloxicam, the request appears reasonable. There is no documentation that the patient has tried or failed NSAID therapy to date, as the only medication listed in the provided reports is Hydrocodone. Given this patient's chronic debilitating knee pain, a course of NSAID therapy is supported by guidelines and could produce significant benefits. Therefore, the request IS medically necessary. In regard to what appears to be initiating prescription of Meloxicam, the request appears reasonable. There is no documentation that the patient has tried or failed NSAID therapy to date, as the only medication listed in the provided reports is Hydrocodone. Given this patient's chronic debilitating knee pain, a course of NSAID therapy is supported by guidelines and could produce significant benefits. Therefore, the request IS medically necessary.