

Case Number:	CM15-0063959		
Date Assigned:	04/09/2015	Date of Injury:	01/25/2011
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/03/2015

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, Arizona
 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 33-year-old male who reported an injury on 01/25/2011. The mechanism of injury was not specifically stated. The current diagnoses include industrial injury to the left knee, status post left knee diagnostic and operative arthroscopy on 02/03/2012, and status post Synvisc 1 injection in 2012, 2013, and 2014. The injured worker presented on 03/23/2015 for an orthopedic re-evaluation regarding the left knee. The physician noted at the prior visit on 02/09/2015, a request was made for physical therapy twice per week for 6 weeks. The injured worker continues to be symptomatic. Intraoperatively, the injured worker was noted to have diffuse grade 3 osteoarthritis of the patella and grade 2 of the medial femoral condyle. An unloader brace was recommended at the prior visit as well. The injured worker reported ongoing pain, achiness, stiffness and swelling with prolonged weight bearing activities as well as instability. Upon physical examination, there was positive patellofemoral crepitation, positive grinding, and tenderness on the medial compartment. Treatment recommendations at that time included a course of physical therapy, an unloader brace, an evaluation with a pain management specialist, and continuation of the current medication regimen. A request for authorization form was submitted on 03/24/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations regarding referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is no documentation of an exhaustion of all conservative treatment. There was also no evidence of a significant functional deficit. The documentation provided does not support the need of an additional specialist involvement in the current clinical setting. There is a lack of objective evidence to suggest that an additional specialist is medically necessary at this time. Given the above, the request is not medically appropriate at this time.

Flexeril 10mg, #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for a muscle relaxant has not been established in this case. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Nucynta 50mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Nucynta.

Decision rationale: The Official Disability Guidelines recommend Nucynta as a second line option for patients who develop intolerable adverse effects with first line opioids. The injured worker does not appear to meet criteria as outlined by the Official Disability Guidelines. There

is no mention of intolerable adverse effects with first line opioids. There is also no frequency listed in the request. As such, the request is not medically necessary.

Prilosec 20mg, #30: Upheld

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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.