

Case Number:	CM15-0076417		
Date Assigned:	04/28/2015	Date of Injury:	06/12/2003
Decision Date:	07/31/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/21/2015

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: Internal 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 63 year old male, who sustained an industrial injury on 6/12/2003. The current diagnoses are pain in lower leg joint, status post right knee arthroscopy (8/16/2013), tear of medial cartilage or meniscus of the knee, osteoarthritis involving the lower leg, and obesity. According to the progress report dated 3/31/2015, the injured worker reports his knee pain is unchanged. The pain is rated 7-8/10 on a subjective pain scale. The current medications are Flector patch, Prilosec, Naproxen, and Norco. Treatment to date has included medication management, MRI studies, bracing, physical therapy, and surgical intervention. The plan of care includes bilateral knee brace, home exercise kit for the lumbar spine/knees, Flector patches, Omeprazole, Hydrocodone, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: According to the CA MTUS and ODG, 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Proton pump inhibitors (PPIs).

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaint in this injured worker. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. Therefore, the request is not medically necessary.

Flector Dis 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example,

NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Records do not indicate that injured worker is not able to use oral medications. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the medical necessity for the requested topical patch has not been established. Therefore, as per guidelines stated above, the requested topical patch is not medically necessary.

Home exercise kit for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 83, 289, Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter-Exercise equipment Durable medical equipment (DME).

Decision rationale: As per MTUS/ACOEM, the strongest medical evidence regarding potential therapies for low back pain indicates that having the patient return to normal activities has the best long-term outcome. Many invasive and noninvasive therapies are intended to cure the pain, but no strong evidence exists that they accomplish this as successfully as therapies that focus on restoring functional ability without focusing on the pain. In these cases, the traditional medical model of "curing" the patient does not work well. Furthermore, the patient should be aware that returning to normal activities most often aids recovery. Patients should be encouraged to accept responsibility for their recovery rather than expecting the provider to provide an easy "cure." This process will promote using activity rather than pain as a guide, and it will make the treatment goal of return to work more obvious in the occupational setting. As per ODG, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), which is defined as equipment that can withstand repeated use, can be rented and used by successive patients, and is primarily and customarily used to serve medical purpose. As per review of medical records, the injured worker has previously been in physical therapy, and therefore should be independent with a home exercise program. There is no information in Medical Records how the use of home exercise kit will help in improving the functional status of the injured worker. The medical necessity of the requested service has not been established. Therefore, the request is not medically necessary.

Home exercise kit for the knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, 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) Knee and Leg Chapter-Exercise equipment Durable medical equipment (DME).

Decision rationale: As per ODG, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), which is defined as equipment that can withstand repeated use, can be rented and used by successive patients, and is primarily and customarily used to serve medical purpose. ODG recommend home exercise kits as an option, where home exercise programs are recommended, and where active self-directed home physical therapy is recommended. As per review of medical records, the injured worker has previously been in physical therapy, and therefore should be independent with a home exercise program. There is no information in medical records how the use of home exercise kit will help in improving the functional status of the injured worker. The medical necessity of the requested service has not been established. Therefore, the request is not medically necessary.

Bilateral knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Braces.

Decision rationale: As per MTUS/ACOEM guidelines brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Official Disability Guidelines (ODG) recommend knee brace for Knee instability Ligament insufficiency/deficiency, Reconstructed ligament, Articular defect repair, Avascular necrosis, Meniscal cartilage repair, Painful failed total knee arthroplasty, Painful high tibial osteotomy, painful unicompartmental osteoarthritis, Tibial plateau fracture. ODG state, "Postoperative bracing did not protect against re-injury, decreased pain, improved stability." Review of submitted medical records of injured worker lack clinical data that satisfies these guidelines, therefore the requested treatment bilateral knee brace is not medically necessary and appropriate.