

Case Number:	CM15-0079494		
Date Assigned:	04/30/2015	Date of Injury:	09/26/2011
Decision Date:	06/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

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 58 year old male who sustained an industrial injury on 9/26/2011. The history notes a right knee arthroscopy and a left total knee arthroplasty. His diagnoses include: right knee meniscus tear; and status-post remote left total knee arthroplasty in 12/2014. His treatments have included physical therapy for the right knee; and medications. Progress notes of 2/27/2015 reported moderate right knee pain, 2 months post-arthroplasty; and worsening, moderate left knee pain, following left knee arthroplasty, rule-out prosthetic failure. The physician's requests for treatments were noted to include Hydrocodone, Pantoprazole, and Cyclobenzaprine which reportedly facilitate a significant increase in tolerance to activity and improved range-of-motion resulting in a greater level of activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 9/26/2011. The medical records provided indicate the diagnosis of right knee arthroscopy and a left total knee arthroplasty. His diagnoses include: right knee meniscus tear; and status-post remote left total knee arthroplasty in 12/2014. His treatments have included physical therapy for the right knee; and medications. The medical records provided for review do not indicate a medical necessity for Hydrocodone 10mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of this medication predates 01/16/15, but with no overall improvement. The injured worker is not properly monitored for pain control. Therefore, this request is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 9/26/2011. The medical records provided indicate the diagnosis of right knee arthroscopy and a left total knee arthroplasty. His diagnoses include: right knee meniscus tear; and status-post remote left total knee arthroplasty in 12/2014. His treatments have included physical therapy for the right knee; and medications. The medical records provided for review do not indicate a medical necessity for Pantoprazole 20mg #60. Pantoprazole is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal event who are on treatment with NSAIDs. The risk factors to gastrointestinal events include: (1) age greater than 65 years; (2) history of peptic ulcer, Gastrointestinal bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). Although the injured worker is being treated with Naproxen, an NSAID, the medical records do not indicate the injured worker belongs to any of the above groups. This request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 9/26/2011. The medical records provided indicate the diagnosis of right knee arthroscopy and a left total knee arthroplasty. His diagnoses include: right knee meniscus tear; and status-post remote left total knee arthroplasty in 12/2014. His treatments have included physical therapy for the right knee; and medications. The medical records provided for review do not indicate a medical necessity for: Cyclobenzaprine 7.5mg #90. Cyclobenzaprine is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants as an option for the short term treatment of acute exacerbations of chronic low back pain. The records indicate the injured worker's use of this medication predates 01/16/15, but the MTUS recommends it should not be used beyond 2-3 weeks. Therefore, this request is not medically necessary.