MAXIMUS Federal Services

Case Number:	CM15-0093970		
Date Assigned:	05/21/2015	Date of Injury:	05/14/2007
Decision Date:	06/26/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
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 46 year old male, who sustained an industrial injury on 5/14/2007. He reported slipping and landing awkwardly on the left knee. He is status post two surgical procedures on the left knee in 2008 and in 2009; and he is status post total knee replacement 5/14/15. Diagnoses include internal derangement of the left knee, internal derangement of the right knee, chronic pain and depression. Treatments to date include activity modification, knee brace, medication therapy, physical therapy, viscosupplementation and a TENS unit. Currently, he complained of left knee pain that interferes with activities of daily life (ADLs). On 4/8/15, the physical examination documented weakness to resisted function, laxity medially and laterally, anteriorly and posteriorly. Knee flexion was 105 degrees and extension was 180 degrees. The plan of care included a comprehensive metabolic panel with complete blood cell count and urinalysis; Norflex ER 100mg, #60 and Aciphex 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex extended release 100mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine; Muscle Relaxants (for pain).

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

Decision rationale: The patient presents following an injury involving slipping and landing awkwardly on the left knee. The current request is for Norflex extended release 100mg quantity 60. The treating physician states, in a report dated 04/08/15, I will provide him therefore with Norflex 100mg extended release (#60) (587B). The MTUS guidelines state, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the treating physician has not documented short-term usage of muscle relaxants and there is no documentation of any muscle spasms. The current request does not meet the MTUS guidelines and is not medically necessary.

Comprehensive Metabolic Panel with complete blood count and urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The patient presents following an injury involving slipping and landing awkwardly on the left knee. The current request is for Comprehensive Metabolic Panel with complete blood count and urinalysis. The treating physician states, in a report dated 04/08/15, I will give him a prescription to get comprehensive metabolic panel with CBC and UA (587B). The MTUS guidelines state: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, the treating physician, based on the records available for review, has failed to demonstrate any patient risk of gastrointestinal bleeding secondary to previous NSAIDs, which would warrant a CBC panel. Nor has the treating physician provided any objective evidence of kidney or bladder conditions, which would warrant a UA. Therefore, the current request is not medically necessary and the recommendation is for denial.

Aciphex 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: The patient presents following an injury involving slipping and landing awkwardly on the left knee. The current request is for Aciphex 20mg quantity 30. On return, I would like to switch him to AcipHex generic 20 mg (#30) (587B). The MTUS guidelines state:

Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treating physician, based on the records available for review, has failed to document any of the risk factors above which would warrant the use of a PPI. There is no documentation of any dyspepsia or GI complaints. The current request is not medically necessary and the recommendation is for denial.