

Case Number:	CM14-0146912		
Date Assigned:	09/22/2014	Date of Injury:	08/02/2011
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 08/02/11 when he stepped into a hole with his right leg. CPM rental, Norco, Vicoprofen, Phenergan, and a cold therapy unit are under review. He has a current diagnosis of right knee osteoarthritis. An MRI dated 08/25/11 showed a large medial meniscus tear, patellofemoral degenerative changes, severe medial compartment and degenerative change in the large effusion. He is status post arthroscopic surgery in 2011. He continued to have pain after the surgery. On 07/28/14, a total knee arthroplasty was recommended. He had pain buckling and locking. There was weakness and patellofemoral crepitation. X-ray showed the medial compartment completely collapsed with spurs. The total knee arthroplasty has been certified. He was last seen in March 2012 and had shots but the knee had not improved. He had tried naproxen and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee - CPM

Decision rationale: The history and documentation do not objectively support the request for rental of a CPM for the right knee. The MTUS do not address this type of device and the ODG state it may be "recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary)." In this case, the duration of the requested rental is not stated in the request. As a result, this request is not medically necessary.

Norco 5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - hydrocodone/APAP

Decision rationale: The history and documentation do not objectively support the request for Norco 5 mg #30 with no instructions for frequency or duration of use. The MTUS do not address postop pain control medications. The ODG state hydrocodone may be "recommended for moderate to moderately severe pain." There is no evidence that a signed pain contract is on file in the provider's office. As result, the medical necessity of the use of Norco 5 mg #30 with no instructions for or anticipated duration of use has not been clearly demonstrated. Therefore the request is not medically necessary.

Vicoprofen 7.5mg #30 for breakthrough pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - Vicoprofen

Decision rationale: The history and documentation do not objectively support the request for Norco 5 mg #30 with no instructions for frequency or duration of use. The MTUS do not address postop pain control medications. The ODG state Vicoprofen is "recommended for short term use only. This combination opioid/NSAID has a low dose of ibuprofen (200mg) that is below the normal adult dose of 400 to 800 mg per dose and total max daily dose of 2400mg. Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury,

but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. (Vicoprofen prescribing information) In addition, there is also a cost difference between the generic Vicodin (approx \$0.35/tab) and generic Vicoprofen (\$1.04/tab)." There is no evidence that a signed pain contract is on file in the provider's office. Also, it is not clear what frequency and duration of use have been recommended. As result, the medical necessity of the use of Vicoprofen 7.5 mg #30 has not been clearly demonstrated and is therefore not medically necessary.

Phenergan 8mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014. Phenergan.

Decision rationale: The history and documentation do not objectively support the request for phenergan 8mg #20. The MTUS do not address this type of medication. The PDR states phenergan may be used for allergies and for motion sickness. In this, the indications for its use are not stated clearly. There is no evidence of allergies or motion sickness/dizziness. The medical necessity of the use of phenergan 20 mg has not been clearly demonstrated and therefore the request is not medically necessary.

Cold therapy unit with pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee - continuous-flow cryotherapy

Decision rationale: The history and documentation do not objectively support the request for purchase of a cold therapy unit and pad. The MTUS do not address this type of request. The ODG state continuous-flow cryotherapy units may be "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage;..." The medical necessity of purchase of a cold therapy device and pad has not been demonstrated as there is no evidence that the claimant is likely to require this type of device for a prolonged period of time. Therefore the request is not medically necessary.