MAXIMUS Federal Services

Case Number:	CM14-0147169		
Date Assigned:	09/15/2014	Date of Injury:	06/22/2011
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 69-year-old female who was reportedly injured on June 22, 2011. The most recent progress note dated July 30, 2014, indicated that there were ongoing complaints of left shoulder and neck pains. The pain was noted to be 10/10 by the injured employee. The physical examination revealed the patient with an antalgic gait pattern, a normal range of motion of the lumbar spine, negative straight leg raising and a decrease of sensation in the L5-S1 distribution. Diagnostic imaging studies objectified the cruciate ligament in the knee to be intact, and whether acute osseous abnormalities were objectified or reported. The diagnosis list included multiple sprains. Previous treatment included multiple medications, physical therapy, and pain management interventions. A request was made for right knee arthroscopy and multiple medications and was not certified in the pre-authorization process on September 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter updated September 2014

Decision rationale: As outlined in the ODG (MTUS and ACOEM do not address), the criterion for an arthroscopy requires objective occasion of significant interest in particular pathology. This simply covers osteoarthritis which has been shown to be treated with placebo and is effective. Therefore, based on the limited clinical rationale presented for review in terms of intra-articular pathology and by the parameters outlined in the ODG (MTUS and ACOEM do not address), the request for Right Knee Arthroscopy is not medically necessary.

Relafen: Upheld

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

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

Decision rationale: As outlined in the MTUS, this medication is clinically indicated in the situations involving osteoarthritis. There are significant signs and symptoms of this disease. However, flexion is full. There are no gait abnormalities and no findings on physical examination denoting significant osteoarthritis. Furthermore, when noting the current pain levels is clear, this medication is not achieving its intended result in terms of alleviating the pain complaints. Therefore, this is insufficient data presented to support the medical necessity of this medication. The request for Relafen is not medically necessary.

Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: This is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This can be considered a gastric protectorant against individuals utilizing non-steroidal medications. However, there are no gastrointestinal complaints or issues relative to gastritis or in a compromise of the gastrointestinal track. Therefore, based on the clinical information presented for review and noting the lack of subjective symptomatology, there is insufficient clinical data to establish the medical necessity of this medication. The request for Prilosec is not medically necessary.

Xanax: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As outlined in the MTUS, there is no support for benzodiazepines in long-term, chronic, indefinite use tight situations. There is a significant risk of dependence and the efficacy and long-term has not been adequately studied. Therefore, when noting the date of injury, the finding on physical examination and the lack of any significant improvement, there is insufficient data presented to support the medical necessity of this medication. The request for Xanax is not medically necessary.

K- Rub II Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lastly, there is no evidence that there is a neuropathic pain lesion. The pain is clearly intra-articular making this a nociceptive fine. As such, this request for K- Rub II Cream is not medically necessary.