

Case Number:	CM13-0054692		
Date Assigned:	12/30/2013	Date of Injury:	06/09/2010
Decision Date:	10/09/2015	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/19/2013

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

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 62-year-old female, who sustained an industrial injury on June 9, 2010. Treatment to date has included diagnostic imaging, right knee medical meniscectomy and lateral meniscectomy, Hyalgan injection, left knee arthroscopy and medications. An evaluation on August 20, 2013 revealed the injured worker reported overall improvement in her right knee. She reported that physical therapy was beneficial. She noted that her left knee pain was increasing and she had medial, shooting pain into her groin area. She reported an increase in low back pain and spasms when driving. On physical examination, the injured worker had tenderness to palpation over the medial aspect of the right knee. She had decreased range of motion of the right knee and decreased muscle strength. An examination of her left knee revealed decreased muscle grading on the vastus medialis obliquus and positive crepitus. She had tenderness to palpation and spasm over the lumbar spine paraspinal muscles and tenderness to palpation over the facets. She had hypoesthesia at L4-S1 dermatomes and a positive Kemp's test. The diagnoses associated with the request include lumbar herniated lumbar disc, status post left knee arthroscopy, status post right knee arthroscopy, and left knee internal derangement. The treatment plan includes Hyalgan injection, continued physical therapy, left knee x-ray and Ultram, Anaprox, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue therapy twice a week for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. The medical record did state that the patient showed significant functional improvement and additionally has not exceeded the maximum allowable visits stipulated by the MTUS. I am reversing the previous utilization review decision. Continue therapy twice a week for six weeks is medically necessary.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Ultram (unspecified quantity) is not medically necessary.

Anaprox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Anaprox (unspecified quantity) is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec (unspecified quantity) is not medically necessary.