

Case Number:	CM13-0041304		
Date Assigned:	12/20/2013	Date of Injury:	11/03/2012
Decision Date:	12/04/2015	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/14/2013

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: Emergency 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 49 year old female who sustained an industrial injury November 3, 2012. Past history included status post arthroscopic left medial and partial left lateral meniscectomy, complete synovectomy medial compartment, lateral compartment, anterior intercondylar region, chondroplasty patellofemoral joint, lateral femoral condyle, lateral tibial plateau, September 18, 2013, sleep apnea on CPAP(continuous positive airway pressure therapy) and diabetes. On September 10, 2013, the injured worker underwent a medical evaluation. Current medication included Metformin, Nizatidine, Hydrocodone-Acetaminophen, and Naproxen. The exception to the examination is the injured worker is unable to walk long distances secondary to knee pain; walks with a cane. It was recommended to stop NSAID's (non-steroidal anti-inflammatory drugs) one week before surgery. At issue, is the request for authorization for an internal medicine consultation, Anaprox, and Axid. According to utilization review dated October 1, 2013, the request for Norco is conditionally non-certified. The request for Axid has been modified to Axid, up to #60. The request for an internal medicine consultation and Anaprox were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Internal medicine consult: 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): Introduction.

Decision rationale: The requested 1 Internal medicine consult is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker is status post arthroscopic left medial and partial left lateral meniscectomy, complete synovectomy medial compartment, lateral compartment, anterior intercondylar region, chondroplasty patellofemoral joint, lateral femoral condyle, lateral tibial plateau, September 18, 2013, sleep apnea on CPAP (continuous positive airway pressure therapy) and diabetes. On September 10, 2013, the injured worker underwent a medical evaluation. Current medication included Metformin, Nizatidine, Hydrocodone-Acetaminophen, and Naproxen. The exception to the examination is the injured worker is unable to walk long distances secondary to knee pain; walks with a cane. It was recommended to stop NSAID's (non-steroidal anti-inflammatory drugs) one week before surgery. At issue, is the request for authorization for an internal medicine consultation, Anaprox, and Axid. The treating physician has adequately documented the medical necessity for an internist consultation. The criteria noted above having been met, 1 Internal medicine consult is medically necessary.

1 Prescription of 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 requested 1 Prescription of anaprox, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker is status post arthroscopic left medial and partial left lateral meniscectomy, complete synovectomy medial compartment, lateral compartment, anterior intercondylar region, chondroplasty patellofemoral joint, lateral femoral condyle, lateral tibial plateau, September 18, 2013, sleep apnea on CPAP(continuous positive airway pressure therapy) and diabetes. On September 10, 2013, the injured worker underwent a medical evaluation. Current medication included Metformin, Nizatidine, Hydrocodone-Acetaminophen, and Naproxen. The exception to the examination is the injured worker is unable to walk long distances secondary to knee pain; walks with a cane. It was recommended to stop NSAID's (non-steroidal anti-inflammatory drugs) one week before surgery. At issue, is the request for authorization for an internal medicine consultation, Anaprox, and Axid. The treating physician has adequately documented the

medical necessity for an internist consultation. The criteria noted above not having been met the requested 1 Internal medicine consult is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker is status post arthroscopic left medial and partial left lateral meniscectomy, complete synovectomy medial compartment, lateral compartment, anterior intercondylar region, chondroplasty patellofemoral joint, lateral femoral condyle, lateral tibial plateau, September 18, 2013, sleep apnea on CPAP (continuous positive airway pressure therapy) and diabetes. On September 10, 2013, the injured worker underwent a medical evaluation. Current medication included Metformin, Nizatidine, Hydrocodone-Acetaminophen, and Naproxen. The exception to the examination is the injured worker is unable to walk long distances secondary to knee pain; walks with a cane. It was recommended to stop NSAID's (non-steroidal anti-inflammatory drugs) one week before surgery. At issue, is the request for authorization for an internal medicine consultation, Anaprox, and Axid. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. Further, the patient has a history of diabetes. The criteria noted above not having been met 1 Prescription of anaprox is not medically necessary.

1 Prescription of Axid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz po, Gerson lb, vela mf. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am j gastroenterol. 2013 mar; 108(3):308-28.

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

Decision rationale: The requested 1 Prescription of Axid is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker is status post arthroscopic left medial and partial left lateral meniscectomy, complete synovectomy medial compartment, lateral compartment, anterior intercondylar region, chondroplasty patellofemoral joint, lateral femoral condyle, lateral tibial plateau, September 18, 2013, sleep apnea on CPAP (continuous positive airway pressure therapy) and diabetes. On September 10, 2013, the injured worker underwent a medical evaluation. Current medication included Metformin, Nizatidine, Hydrocodone-Acetaminophen, and Naproxen. The exception to the examination is the injured worker is unable to walk long distances secondary to knee pain;

walks with a cane. It was recommended to stop NSAID's (non-steroidal anti-inflammatory drugs) one week before surgery. At issue, is the request for authorization for an internal medicine consultation, Anaprox, and Axid. The treating physician has adequately documented the medical necessity for an internist consultation. The criteria noted above not having been met the requested 1 Internal medicine consult is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker is status post arthroscopic left medial and partial left lateral meniscectomy, complete synovectomy medial compartment, lateral compartment, anterior intercondylar region, chondroplasty patellofemoral joint, lateral femoral condyle, lateral tibial plateau, September 18, 2013, sleep apnea on CPAP (continuous positive airway pressure therapy) and diabetes. On September 10, 2013, the injured worker underwent a medical evaluation. Current medication included Metformin, Nizatidine, Hydrocodone-Acetaminophen, and Naproxen. The exception to the examination is the injured worker is unable to walk long distances secondary to knee pain; walks with a cane. It was recommended to stop NSAID's (non-steroidal anti-inflammatory drugs) one week before surgery. At issue, is the request for authorization for an internal medicine consultation, Anaprox, and Axid. The treating physician has not documented medication-induced GI complaints or GI risk factors or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met 1 Prescription of Axid is not medically necessary.