

Case Number:	CM14-0146794		
Date Assigned:	09/12/2014	Date of Injury:	01/24/2011
Decision Date:	10/20/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, knee, groin, and low back pain reportedly associated with an industrial injury of January 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; earlier knee surgery; earlier shoulder surgery; earlier inguinal repair; unspecified amounts of acupuncture; and opioid therapy. In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for transportation to and from office visits, conditionally approved an ultrasound of the left lower extremity, denied an orthopedic consultation of the left shoulder, approved a general surgery consultation to address her hernia, denied a request for naproxen, and denied a request for Norco. The applicant's attorney subsequently appealed. On February 24, 2014, the applicant underwent multilevel lumbar facet injections. On July 22, 2014, the applicant underwent cervical radiofrequency ablation procedure. In a progress note dated July 31, 2014, the applicant reported persistent complaints of low back and knee pain. Lumbar radiofrequency ablation procedures were sought. There was no discussion of medication selection or medication efficacy. In a psychiatry note dated August 15, 2014, the applicant apparently presented with a variety of issues associated with depression and anxiety. The applicant was given refills of Trazodone, Ativan, Lunesta, and Wellbutrin. In an orthopedic note dated August 15, 2014, difficult to follow, handwritten, not entirely legible, the applicant reported multifocal neck, low back, shoulder, wrist, knee, and groin pain, ranging from 6-7/10. The applicant was reportedly unchanged, it was stated in several sections of the report. There was no explicit discussion of medication efficacy. The applicant was placed off of work, on total temporary disability, while additional acupuncture and physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant continues to report pain as high as 6-7/10, despite ongoing Norco usage. The attending provider's handwritten progress notes failed to recount any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Naproxen 550 mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant continues to report 7/10 pain complaints, despite ongoing usage of naproxen. The applicant is off of work. Ongoing usage of naproxen has failed to curtail the applicant's consumption of opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Transportation to and from office visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes keeping scheduled medical appointments. The service being sought by the attending provider, namely transportation to and from appointments, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.