

Case Number:	CM14-0172793		
Date Assigned:	10/23/2014	Date of Injury:	01/24/2011
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 01/24/2011. The mechanism of injury was not provided. The prior surgical interventions included bilateral knee surgeries, bilateral shoulder surgeries, and a bilateral hernia repair. Prior treatments included medications, chiropractic care, and physical therapy. The injured worker was being monitored for aberrant drug behavior through urine drug screens. The injured worker's medications included Prilosec, Norco, and Norflex as of 2013. In the documentation of 09/09/2014, it revealed the injured worker had a radiofrequency ablation at C5-6 which improved his symptoms mildly. The injured worker was noted to have developed left lower extremity pain and swelling and was seen in the emergency room. The injured worker underwent a left knee arthroscopy on 07/15/2014. The medications included Trazodone, Ativan, Lunesta, and Wellbutrin. The physician documented prescriptions for Norco 10/325 mg 1 by mouth twice a day as needed #60 with 1 refill and naproxen 550 mg 1 by mouth twice a day as needed. The injured worker was noted to have no adverse side effects and was noted to be in compliance with medications. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications since at least 2013. There was a lack of documentation of an objective decrease in pain and objective functional improvement. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis (including knee & hip); and Back Pain, Chro.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term treatment of acute low back pain. The clinical documentation submitted for review failed to provide the duration of use. If this was the first use, the medication would be appropriate. If it was a current medication, there was a lack of documentation indicating the objective functional benefit and objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 550 mg is not medically necessary.

Transportation to and from: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins Number: 0218, Home Health Aides Policy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments)

Decision rationale: The Official Disability Guidelines recommend transportation services for medically necessary appointments in the same community for injured workers with disabilities preventing them from self-transport. There was a lack of documentation indicating the injured worker had a disability preventing them from self-transportation. The clinical documentation submitted for review failed to provide documentation of a rationale and the type of

appointments, and quantity of sessions being requested. Given the above, and the lack of clarity, the request for transportation to and from is not medically necessary.