

Case Number:	CM13-0008724		
Date Assigned:	12/11/2013	Date of Injury:	09/23/2002
Decision Date:	01/17/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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 patient is a 66 year old injured worker who reported an injury on September 23, 2012. The mechanism of injury was not provided in the medical record. The most recent clinical note dated October 10, 2013, reported continued complaints of left knee pain which is exacerbated by any weight bearing. There was discussion of the need for total knee replacement in the near future. The patient complained of consistent pain to their knee and lower back; tenderness noted along the medial joint line; deep pain with flexion; and subpatellar crepitation with any range of motion. Forward flexion for lumbar spine is 60 degrees, extension to 10 degrees, and lateral bending to 30 degrees; and strength in the lower extremities is intact. A custom left medial unloader brace was ordered for the patient. This brace is meant to help the patient manage their pain; improve activities of daily living, and functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg, quantity 60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,71.

Decision rationale: The California MTUS Chronic Pain Guidelines suggest NSAIDs for short term symptomatic relief for chronic low back pain, and for treatment of the knee osteoarthritis it is recommended at the lowest dose for the shortest time. If treating acute exacerbation of chronic pain, NSAIDs are recommended as second line treatment after acetaminophen. The patient has been taking the requested medication for long term, and per the MTUS guidelines it should not be a long term medication. The request for Voltaren 75mg quantity 60 with 2 refills is not medically necessary and appropriate.

Prilosec 20mg, quantity 30, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of the requested medication for patients at risk for gastrointestinal events and using NSAIDs. However, given the requested NSAID, the necessity of this medication is not met. Also, the documentation submitted did not indicate the patient was at risk for a gastrointestinal event. The request for Prilosec 20mg quantity 30 with 2 refills is not medically necessary and appropriate.

Norco 5/325mg, quantity 60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 & 91.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, and adverse side effects and aberrant drug taking behavior. There was no clinical documentation of the patient's specific change in activities of daily living, no adverse reactions were noted, and no report of whether or not the medication is effective, and to what level. The request for Norco 5/325mg, quantity 60 with 2 refills is not medically necessary and appropriate.