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| Case Number: | CM13-0016420 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 05/15/2012 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Physical Medicine & Rehabilitation, 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 36-year-old male who reported an injury on 05/17/2012 due to an assault. The patient was initially treated with pain medication, anti-inflammatories, acupuncture, physical therapy, and a transcutaneous electrical nerve stimulation (TENS) unit. The patient was examined by a rheumatologist to rule out arthritis. The patient underwent an MRI that revealed a disc protrusion at the L2-3 and L3-4 levels and disc desiccation at the L4-5 and L5-S1 levels. The patient was treated with an epidural steroid injection and lidocaine patches. The patient underwent an MRI of the right knee that revealed joint space narrowing of the medial compartment, evidence of an irregularity with the patellar tendon, and findings of a meniscal tear. The patient underwent a course of aqua therapy. The claimant continued to complain of lumbar spine pain, bilateral knee pain, and right thumb pain. The patient's most recent clinical exam findings included decreased grip of the right hand and tenderness to the bilateral knee joints with medial joint line tenderness and a positive McMurray's test. The patient's diagnoses included right thumb extensor tenosynovitis and arthritis, a right knee medial meniscus tear, and a left knee medial line joint pain. The patient's treatment plan included continued medications and followup with an arthritis specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

refill of Medrox ointment between 7/30/2013 and 9/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, medications for chronic pain Page(s): 60, 111.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends medications used in the management of a patients chronic pain be supported by evidence of pain relief and functional benefit. The clinical documentation submitted within the requested time period does not provide any indication that the patient receives any functional benefit or pain relief as a result of this medication. Additionally, this medication contains capsaicin. The MTUS guidelines only recommends capsaicin as a topical agent when the patient is intolerant or has failed to respond to other treatments. The clinical documentation submitted for review does not provide evidence that the patient is intolerant of oral analgesics. As such, the requested 1 refill of Medrox ointment between 07/30/2013 and 09/20/2013 is not medically necessary or appropriate.

1 referral for specialist for arthritis work up between 7/30/2013 and 9/20/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). (2011). Assessment and management of chronic pain. Intitute of Clinical Systems Improvement

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, pg. 163.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has continued pain complaints and is diagnosed with arthritis. The American College of Occupational and Environmental Medicine recommend the consultation of a specialist when additional expertise may benefit the patient's treatment plan. The clinical documentation submitted for review does provide evidence that the patient was previously evaluated by a rheumatologist. The results of the evaluation were not provided to determine the need for additional evaluation. As such, the requested referral for specialist for arthritis workup is not medically necessary or appropriate

1 refill of Promolaxin 100mg between 7/30/2013 and 9/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic pain in the bilateral knees and the right thumb which are treated with medications. MTUS does recommend initiating prophylactic treatment of constipation when opioids are used in the management of chronic pain. The clinical documentation submitted for review does provide evidence that the patient takes tramadol. However, the continued use of this medication is not supported by any functional benefit and no assessment of efficacy is provided. As such, the continued use of Promolaxin 100 mg between 07/30/2013 and 09/20/2013 is not medically necessary or appropriate.

urine toxicology between 7/30/2013 and 9/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient is on tramadol to control the patient's chronic pain; however, tramadol is not considered a controlled substance. The documentation does not include any evidence of aberrant behavior or the use of illegal street drugs. The CA MTUS recommends the use of drug screens to assess the patient for aberrant behavior or illicit street drug use. As there is no indication that the patient is exhibiting any of these behaviors, the urine toxicology between 07/30/2013 and 09/20/2013 is not medically necessary or appropriate

refill of Naproxen 550mg between 7/30/2013 and 9/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Non-Steroidal Anti-inflammatory Drugs Page(s): 60 and 67.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic pain of the right thumb and bilateral knees that is treated with medications. However, the MTUS guidelines recommend nonsteroidal antiinflammatory drugs for the shortest duration and lowest dose possible. The clinical documentation submitted for review does provide evidence that this patient has been on this medication for an extended period of time. Additionally, MTUS guidelines recommend the extended use of pain medications for managing a patient's chronic pain be supported by evidence of pain relief and increased functional benefit. The clinical documentation submitted during the time of the request does not support that this medication provides any pain relief or increased functional benefit. As such, continued use would not be supported

refill of Prilosec 20mg between 7/30/2013 and 9/20/2013: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has continued bilateral knee complaints and right thumb complaints that are treated with medications. The MTUS guidelines recommend a gastrointestinal protectant when the patient is taking nonsteroidal anti-inflammatory drugs and are at risk for gastrointestinal events. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for gastrointestinal events. Additionally, there is no documentation of symptom relief as a result of this medication. As such, the requested refill of Prilosec 20 mg between 07/30/2013 and 09/20/2013 is not medically necessary or appropriate.

1 refill of Tramadol 150mg between 7/30/2013 and 9/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 76.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has bilateral knee and right thumb complaints that are treated with medications. The MTUS guidelines recommend the continued use of opioids in the management of chronic pain be supported by evidence of pain relief, increased functional benefit, and an assessment of side effects. The clinical documentation submitted for review does not provide any evidence of pain relief or increased functional benefit as a result of this medication. As such, the requested tramadol 150 mg between 07/30/2013 and 09/20/2013 is not medically necessary or appropriate.