

Case Number:	CM13-0022042		
Date Assigned:	03/12/2014	Date of Injury:	08/02/2002
Decision Date:	06/10/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert 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 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 patient is a 41-year-old female with date of injury of 08/02/2002. The listed diagnoses per [REDACTED] dated 09/18/2013 are: Chronic degenerative changes of the lumbar spine with spasm; Degenerative condition of the hip with a labral tear and advanced changes; Internal derangement of the knee on the right with loss of articular surface laterally; Left foot inflammation and plantar fasciitis; Internal derangement of the knee on the left status post interventional treatment; Severe fluid retention in the lower extremities with bleeding problems; Reflux esophagitis; Constipation; Headaches. According to the report, the patient has shooting pain down both legs. She utilizes braces, TENS unit, and a hot/cold wrap for pain relief. She does have locking along the right hip. She reports issues with weight gain, depression, stress, anxiety, sleep issues, reflux, constipation, and headaches. The objective findings show there is exquisite tenderness along the sacral area to the right of the midline. There is tenderness noted along the hip joint with positive pain with flexion, external rotation, and abduction attempt. There is also tenderness along the joint line medially, noted in both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCODONE 30MG #135: Upheld

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

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

Decision rationale: The treater is requesting a refill for oxycodone 30 mg. For chronic opiate use, the MTUS Chronic Pain Guidelines require specific documentations regarding pain and function. Page 78 of MTUS Chronic Pain Guidelines requires "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The review of records from 07/03/2013 to 12/05/2013 show that the patient has been taking Oxycodone since 09/2012. None of the documents mention medication efficacy, "pain assessment" or outcome measures as it relates to Oxycodone use. Given the lack of documented functional improvement including pain assessment and outcome measures as required by the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

PRESCRIPTION OF PERCOCET 10MG #165: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, page 78.

Decision rationale: The treater is requesting a refill for Percocet. For chronic opiate use, MTUS Chronic Pain Guidelines require specific documentations regarding pain and function. Page 78 of the MTUS Chronic Pain Guidelines requires "pain assessment" that includes "current pain; least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior." The reports from 09/16/2013 to 03/03/2014 show that the patient has been taking Percocet since 09/2012. None of the medical records provided for review show any "pain assessment" using a numerical scale and documentation of analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. In addition, the reports do not document any functional improvement with medication use. The request is therefore not medically necessary and appropriate.

PRESCRIPTION OF FLEXERIL 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: This patient presents with chronic low back, right hip, bilateral knees, and left foot pain. The treater is requesting Flexeril 7.5 mg. The MTUS Chronic Pain Guidelines page 64 on Cyclobenzaprine states "recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g., amitriptyline)...This medication is not recommended to be used for longer than 2 to 3 weeks." It appears that the treater is initiating the use of Flexeril for muscle spasms. However, the exam reports do not document any muscle spasms that will warrant the use of a muscle relaxant. The request is not medically necessary and appropriate.

PRESCRIPTION OF PRILOSEC 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: This patient presents with chronic low back, right hip, bilateral knees, and left foot pain. The treater is requesting Prilosec 20 mg. The MTUS Chronic Pain Guidelines states, "recommend with precaution as indicated below. Clinician 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 is greater than 65. 2. History of peptic ulcer, GI bleed, or perforation. 3. Concurrent use of ASA, corticosteroids, and/or an anticoagulant. 4. High-dose multiple NSAIDs (e.g. NSAID plus low-dose ASA). Recent studies tend to show that H. pylori does not act synergistically when NSAIDs do develop gastroduodenal lesions." The medical records provided for review document a diagnosis of reflux esophagitis for the patient and Prilosec is being prescribed for her GERD and reflux changes due to stress and anxiety. The request is therefore medically necessary and appropriate.

PRESCRIPTION OF 5 HYALGAN INJECTIONS TO THE RIGHT HIP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) VISCOSUPPLEMENTATION.

Decision rationale: This patient presents with chronic low back, right hip, bilateral knees, and left foot pain. The treater is requesting 5 Hyalgan injections for the right hip. The ODG on viscosupplementation states that it is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen), to potentially delay total hip replacement. The AME dated 07/03/2013 referenced the right hip MRI from 11/09/2011 showing moderately advanced

degenerative joint disease with a labral tear including a spurring across the joint suggesting underlying mixed type of femoroacetabular impingement. In addition, the records do not show any previous Hyalgan injections to the right hip. In this case, the patient has not responded adequately to medication treatment and the request for a Hyalgan injection is reasonable given the patient's persistent symptoms. The request is medically necessary and appropriate.