

Case Number:	CM13-0025571		
Date Assigned:	11/20/2013	Date of Injury:	12/06/2006
Decision Date:	01/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 12/06/2006 with an unstated mechanism of injury. The patient was noted to have persistent pain symptoms. The patient was noted to complain of right-sided lower lumbar spine pain along with right lower extremity radiculopathy. The patient's diagnoses were noted to include cervical spine sprain/strain, rule out discopathy, lumbar spine strain/sprain rule out discopathy, and right lower extremity radiculitis. The patient was additionally noted to be diagnosis with right knee strain/sprain rule out internal derangement and right peroneal tendinitis along with right ankle strain/sprain. The request was made for Acetaminophen 325mg, Condrolite, Norco, and Hydrocodone 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 325mg: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend non-prescription medications including acetaminophen as the safest treatment for patient's pain.

However, the clinical documentation submitted for review failed to provide the efficacy of the medication and additionally failed to provide the number of tablets being requested. Given the above, the request for Acetaminophen 325mg is not medically necessary and appropriate.

Condrolite: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation cevanusa.com/products/conjointin

Decision rationale: The California Chronic Pain Medical Treatment Guidelines do not specifically address "Condrolite." Per the physician's documentation, this was noted to be "conjointin and glucosamine" for people with osteoarthritis. Per Cevan.com conjointin includes Glucosamine Sulfate, MSM (methylsulfonylmethane), Chondroitin Sulfate, Evening Primrose Oil, Boron (as Boron Citrate), Manganese, and Zinc. The California MTUS Guidelines recommend glucosamine and chondroitin sulfate for patients with moderate arthritis pain especially for knee osteoarthritis. The clinical documentation submitted for review failed to provide the efficacy of the requested supplement. Additionally, there was a lack of documentation indicating the number of tablets and the strength being requested. Given the above, the request for Condrolite is not medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,78.

Decision rationale: California Chronic Pain Medical Treatment Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's to support ongoing treatment with the medication. Given the above, the request for Norco with an unstated strength and unstated number of tables is not medically necessary and appropriate.

Hydrocodone: Upheld

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

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

Decision rationale: California 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, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the number of tablets being requested. Given the above, the request for Hydrocodone 10mg is not medically necessary and appropriate.