

Case Number:	CM13-0028239		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2010
Decision Date:	04/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in Interventional Spine 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:

This patient is a 67-year-old male with date of injury of 05/01/2010. The patient's presenting symptoms are: worsening low back pain radiating down the left lower extremity, right side greater than left; continued bilateral shoulder pain with popping and clicking; bilateral knees buckle. The patient is taking Norco 10/325 mg 2 per day and Axid 150 mg 2 times per day and Colace 100 mg. The treating physician's report from 07/18/2013 has patient's pain level from 8/10 down to 3/10 to 4/10 with medications. The patient has buckling and occasional weakness with difficulty walking. No discussion regarding patient's function as related to use of medication. Listed diagnoses include: left knee sprain/strain, bilateral shoulder pains. Report from 04/18/2013 indicates the patient purchased left knee brace over-the-counter, which was partially beneficial. Norco 2 tablets a day is inadequately covering his pain. The patient also has headaches associated with the bilateral neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120, DISPENSED ON 8/30/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term Use Page(s): 88-89.

Decision rationale: This patient presents with bilateral shoulder pain and left knee pain. The treating physician has prescribed 2 Norcos a day for quite some time. MTUS Guidelines page 60 require documentation of pain assessment and function when medication is used. For chronic opiate use, MTUS Guidelines, 88 and 89, requires numeric scale to be used at least at 6-month intervals to measure functioning. Under outcome measures, various different measures are required for documentations including current pain, the least pain reported over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts. MTUS Guidelines also strongly recommend documentation of the 4 A's that include analgesia, activities of daily living, adverse effects, and adverse behavior. In this case, the treating physician provided numeric scale and indicated the patient's pain level goes from 8/10 to 3/10 or 4/10 with use of medication. However, there is no indication that these medications are doing anything for the patient functionally. In fact, reports from 07/18/2013 mentions medication only minimally helping with pain. Other reports reviewed show no evidence that Norco has been instrumental in improving this patient's activities of daily living significantly, nor helping the patient return to work. Without these documentations, ongoing use of opiates is not recommended. Recommendation is for denial.

BILATERAL KNEE BRACES DISPENSED ON 8/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The treating physician apparently dispensed bilaterally knee braces on 08/30/2013. This report does not discuss any rationale as to why bilateral knee braces were dispensed. The patient does not present with any diagnosis of the right knee, for example. Furthermore, the patient tried a knee brace over-the-counter back in 04/08/2013 without any benefit. Treating physician does not discuss why the brace that the treater is dispensing is going to make a difference when the patient has not benefited from over-the-counter brace. ACOEM Guidelines do not support knee brace which can be used for patella instability and ACL tear or medial collateral ligament instability. This patient does not present with any of this. Furthermore, as mentioned, the patient does not have any diagnosis for the right knee, and it is not known why the patient was provided with bilateral knee bracing. Recommendation is for denial.

AXID 150MG #60, DISPENSED 8/30/13: 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 Page(s): 69.

Decision rationale: The treating physician has prescribed Axid, which is nizatidine or the medication used to treat gastric ulcers and GERD. For use of this medication, MTUS guidelines require GI risk assessment if the patient is taking NSAIDs and the risk factors include age greater than 65, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, anticoagulants, etc. It also allows PPI or H2-receptor antagonists if the patient develops dyspepsia secondary to NSAID therapy. However, in this patient, the patient is not taking any NSAIDs as none of the reports list any NSAIDs for oral medication. None of the reports described any gastric side effects or GERD problems to warrant use of this medication. The treating physician does not explain why he is prescribing this patient Axid and for what purposes. Recommendation is for denial.