

Case Number:	CM13-0030947		
Date Assigned:	12/04/2013	Date of Injury:	09/08/2010
Decision Date:	02/28/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 47-year-old male who reported an injury on 10/08/2010. The patient is currently diagnosed with lumbar spine strain and sprain, left lower extremity radicular symptoms, left knee pain with complex degenerative tear of the lateral meniscus and compensatory right knee pain. The patient was seen by [REDACTED] on 08/09/2013. The patient reported ongoing low back and left knee pain. Physical examination revealed decreased range of motion in the lumbar spine, paraspinous tenderness and 1+ palpable muscle spasm present. The patient also demonstrated positive straight leg raising, hypesthesia in the L4, L5, and S1 dermatomes, and decreased strength. Treatment recommendations included continuation of current medications including Norco, Prilosec, Xanax, Ambien, Robaxin, and oxycodone. It is also noted that the patient anticipated moving forward with a left knee arthroscopy with [REDACTED] within the next 2 to 3 weeks and would require preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized opioid medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Therefore, the request for Norco is not medically necessary and appropriate.

Oxycodone IR 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized opioid medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Therefore, the request for Oxycodone is not medically necessary and appropriate.

Retro: Xanax 0.5mg/day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Xanax Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The patient has continuously utilized this medication. There is no documentation of anxiety or depressive symptoms. As the MTUS Chronic Pain Guidelines do not recommend long-term use of this medication, the current request is not medically necessary and appropriate.

Retrospective Ambien CR 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 6th Edition (web), 2008, Pain - Zolpiderm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS Chronic Pain Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The patient has continuously utilized this medication. There is no documentation of anxiety or depressive symptoms. As the MTUS Chronic Pain Guidelines do not recommend long-term use of this medication, the current request is not medically necessary and appropriate.

Retrospective Robaxin 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. The patient has continuously utilized a muscle relaxant. Despite ongoing use, the patient continues to demonstrate 1+ palpable muscle spasm in the lumbar spine. The patient also continues to report persistent lower back pain as well as left knee pain. Guidelines do not recommend long-term use of this medication. The current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 16th Edition, 2005, pages 38-42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Low Back Chapter, section on Preoperative Testing.

Decision rationale: The Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or comorbidities that would warrant the need for preoperative testing. The request is not medically necessary and appropriate.

Pre-operative labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 16th Edition, 2005, pages 38-43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, section on Preoperative Testing.

Decision rationale: The Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or comorbidities that would warrant the need for preoperative testing. The request is not medically necessary and appropriate.