

Case Number:	CM13-0036092		
Date Assigned:	12/13/2013	Date of Injury:	03/25/2011
Decision Date:	02/20/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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, 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:

I have come to realize that the 153 pages of records provided for my review is a mixed file containing records from two different patients. The IMR application signed on 10/16/13 is for the 36 year old female with a 3/25/11 industrial injury claim, and the other IMR application is for a 50 year-old female injured on 10/22/10. The issues requested for this IMR appear to relate to the 36-year-old with the 3/25/11 injury. This patient has been diagnosed with cervical strain/sprain; bilateral shoulder impingement R>L; r/o bilateral cubital tunnel syndrome; bilateral medial epicondylitis R>L; lumbar sprain/strain; left knee internal derangement; left ankle strain/sprain r/o internal derangement. The IMR application shows a dispute with the 10/8/13 UR decision. But there is no 10/8/13 UR report provided. The closest UR letter is dated 10/7/13 from Allied Managed Care and recommends modifying the use of Fioricet and Norco, and recommends non-certification for use of cyclobenzaprine, Prilosec, an MRI of the bilateral knees, and supervised weight loss program from Lindora x10 weeks. The UR letter was based on the 8/29/13 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 325/50/40mg one 1 bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The 8/29/13 report states there have been no change in the patient's symptoms since her last visit. The medication was reported to help headaches. The diagnoses did not include headaches. The prior report is dated 7/11/13, but does not describe any symptoms or provide a pain assessment. MTUS guidelines for Fioricet refers readers to the MTUS section on barbiturate-containing analgesic agents (BCA) MTUS specifically states BCAs are not recommended for chronic pain. The request for Fioricet is not in accordance with MTUS guidelines.

Cyclobenzaprine 7.5mg one 1 bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 63-66.

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

Decision rationale: The 8/29/13 report states there have been no change in the patient's symptoms since her last visit. Cyclobenzaprine was refilled. The medication was reported to help headaches. The diagnoses did not include headaches. The prior report is dated 7/11/13, but does not describe any symptoms or provide a pain assessment. The 7/11/13 report shows use of cyclobenzaprine 7.5mg for spasm but the exam findings or diagnoses did not document spasm. MTUS states cyclobenzaprine is not recommended for use over 3 weeks. The continued use of cyclobenzaprine from the 8/29/13 report will exceed the MTUS recommendations.

Norco 10/325mg one 1 q6-8hrs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: The available medical records for this patient go back through the 10/1/12 examination, which was reported on his 3/4/13 report. There was no mention of use of Norco. The 3/1/13 report did not mention use of Norco. The reports from 2/14/13, 3/21/13, 5/21/13 and 5/23/13 were reviewed and the first mention of Norco was on the 5/23/13 report. Based on this, the MTUS therapeutic trial of opioids section would apply to the 8/29/13 request. MTUS states to discontinue opioids: "If there is no overall improvement in function, unless there are extenuating circumstances" MTUS states to continue opioids: "If the patient has returned to work" or "If the patient has improved functioning and pain" The 5/23/13 report does not provide an assessment of pain or function, and Norco was started. The 7/11/13 and 8/29/13 medical reports do not show any decrease in pain or improvement in function or quality of life. The reports show the patient has not returned to work. The patient does not meet the MTUS criteria

to continue opioids, and does meet the MTUS criteria to discontinue opioids. The request to continue Norco is not in accordance with MTUS guidelines.

Prilosec 20mg one 1 bid #30: 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): 68-69.

Decision rationale: The medical record show the patient was prescribed omeprazole on 5/23/13. The physician state it was to prophylactic treatment for NSAID medications, but the patient was not reported to be on NSAIDs until 8/29/13 when there is mention of a prescription for Anaprox (naproxen). There is no discussion of naproxen causing GI upset. There is no reported history of GERD, or discussion of any of the MTUS risk factors for GI events. The use of omeprazole for this patient does not appear to be in accordance with MTUS guidelines.

Supervised weight loss program, Lindora x ten (10) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0039.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The medical reporting does not record the patient's weight. On 10/24/13 reports the patient lost 15 lbs with the Lindora program. The 8/24/13 medical report states the patient was approved for the Lindora program, but had not started it yet. The only reports that document weight is noted on 10/1/12, the patient was 5'7" and 380 pounds. There is another report dated 8/13/13 and the weight was 360 pounds. There is a 5/23/13 report stating the patient started a weight loss program 2-1/2 weeks prior. The 7/11/13 medical report states she is struggling with the weight loss program. The physician that is requesting the weight loss program has not provided any measurements of weight to verify efficacy. MTUS does not recommend continuing any therapy or treatment that is not effective in either reducing pain, increasing function or improving quality of life. The number of sessions/visits was not provided, so I am unable to confirm whether it is in accordance with the number of visits listed under Aetna guidelines.

MRI, Bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The 8/13/13 report and the 8/29/13 report appear to show left knee problems. The left knee may have some effusion and on 8/29/13 noted positive left McMurrays. The MRI for the left knee may be indicated, However, the request before me is for Bilateral knee MRI, and there was no examination of the right knee or right knee diagnosis. The reporting does not support the need for a right knee MRI, and the MRI of the right knee is not in accordance with MTUS/ACOEM guidelines. Since I am unable to offer partial certification, the whole request for bilateral knee MRI is not recommended.