

Case Number:	CM13-0039584		
Date Assigned:	03/21/2014	Date of Injury:	10/01/2012
Decision Date:	10/30/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 claimant reportedly sustained an injury (date of injury December 1, 2012) to the knee and back region. The mechanism of injury for this 55 year-old female was reportedly a slip and fall type event. The claimant has been diagnosed with degenerative disc disease of the lumbar spine. The claimant is also noted to have undergone a previous meniscal surgery. The most recent progress note presented for review is dated November 11, 2013. The physical examination findings at that time have documented a 5'6", 210 pound individual who is borderline hypertensive (139/82) and in no acute distress. The claimant reports low back pain with some pain into the posterior buttock region. Objective physical examination findings documented a scar on the left knee. Tenderness to palpation was noted in the paraspinal musculature overlying the bilateral L3 through S1 facet joints. Tenderness to palpation was also noted over the pre-patellar area of the left knee. Range of motion of the lumbar spine was noted to be restricted by pain in all directions. Nerve root tension signs were negative bilaterally. Range of motion of the left knee was noted to be restricted by pain in all directions. Some locking and clicking in the knee was noted. No imaging studies were presented to be reviewed. Previous treatment includes multiple medications, injection therapies, and diagnostic imaging studies. Norco and Ultram are being provided for pain and Ketoprofen is requested for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88, 91.

Decision rationale: As noted in the California MTUS treatment guidelines ongoing use of opioid medications are not supported if there is not significant documentation of improved function or decreased pain scores. The progress note dated November 11, 2013 does not identify any significant improvement with the medication treatments being rendered. The pain levels continued to be 6/10 and the medications are ongoing. The claimant is being prescribed opioid medications with no documentation of any significant increased function presented in the narrative of any of the progress notes reviewed. "Lumbar range of motion restricted by pain all directions" is noted, which is identical to the September 11, 2013 progress note. Nor is there any reported evidence of decreased pain scores supporting ongoing use. The MTUS guidelines also do not support opioid pain medications for degenerative disc disease or chronic low back pain. As such, when noting the clinical findings reported in the last two (September 11 and November 11, 2013) progress notes, the ongoing complaints of pain, and the parameters noted in the MTUS for this short acting opioid; one cannot identify any efficacy or establish the medical necessity for its continued use.

ULTRAM 50 MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 82, 93 - 94, 113.

Decision rationale: As noted in the California MTUS treatment guidelines under opioid medication use and management; ongoing use of opioid medications are not supported if there is no significant documentation of improved function or decreased pain scores. The last several progress notes (September 11, 2013 and November 11, 2013) do not indicate any decrease in pain complaints or improvement in overall functionality. The exact or bedding factors continued to be identical. The claimant is being prescribed several analgesic medications with no documentation of any significant increased function (i.e. return to work) or decreased pain scores (6/10) supporting the ongoing use of these medications. Treatment guidelines also do not support opioid pain medications for degenerative disc disease or chronic low back pain. Given the lack of significant acute pathology, and the parameters noted in the MTUS, and understanding that this is a chronic pain situation; when incorporating the potential side effects and the lack of efficacy one cannot support the continued use of this medication.

KETOPROFEN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Based on CA-MTUS treatment guidelines and the specific notation from the FDA, ketoprofen is not approved or supported for topical application. Given that the FDA has not approved this as a topical preparation its continued use cannot be supported. Furthermore, there is no discussion in the progress notes reviewed to suggest that oral medications cannot be employed to address these complaints. The progress note indicated that the topical ketoprofen was to be applied to treat the inflammatory pain; however there is no objectification that that pathology exists. Additionally, the medical records do not indicate that first-line treatment (such as oral anti-inflammatory medications) has failed. No imaging studies have been presented to be reviewed to document any significant pathology to support the ongoing use of topical NSAIDs to the knee. This request is not medically necessary.