MAXIMUS Federal Services

Case Number:	CM13-0041758		
Date Assigned:	03/26/2014	Date of Injury:	04/24/2008
Decision Date:	04/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/14/2013

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 patient is a 48 year old male who was injured on 04/24/2008 while performing his normal and customary duties as a painter and wallpaper installer. As a result of this industrial injury, he suffers from chronic back and knee pain but additionally, he incurred a psychological injury, Prior treatment history has included massage therapy, psychotherapy, and epidural steroid injection. He has taken ibuprofen and Naproxen. His work status is he is unable to work. The patient underwent medial meniscectomy, synovectomy and patellar chondroplasty in September 2008. PR2 dated 10/01/2013 indicated the patient to have complaints of low back pain described as sharp and burning. He also complains of numbness in both legs. He complains of bilateral knee pain. He rates his pain as 9/10 without the pain medications and 7-8/10 with the pain medication. The pain is aggravated by sitting, standing, walking, bending, and lifting. The pain is alleviated by lying down and medications. Objective findings on exam revealed right knee without joint effusion; mild crepitus and negative Drawer test. He has negative Lachman's test, negative varus and valgus stress test. His strength is 5/5 for both lower extremities; reflexes are 2+ and symmetrical for both quadriceps and gastrocsoleus. He ambulates independently without any assistive device with mildly antalgic gait. The patient is diagnosed with 1) Low back pain; 2) Bilateral chronic L5 and S1 radiculitis; 3) Lumbar disc disease; 4) Right knee pain; 5) Medial meniscus tear, right knee; 6) Depressive disorder; and 7) Chronic pain syndrome. It was recommended the patient receive repeat injections, continue psychotherapy sessions; continue nabumetone, and trazodone. He is waiting for massage therapy to start.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG#60 (DOS:10/01/2013).: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-96.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. According to the 10/01/2013 report, the patient reports pain level 9/10 without medication and 7-8/10 with medication. Physical examination reveals mild crepitus of the right knee, which is an unremarkable finding, mildly antalgic gait, which is a somewhat subjective finding, and otherwise negative examination, noting normal neurological assessment of the bilateral lower extremities. The medical records do not demonstrate objective findings of functional deficits or abnormal findings consistent with moderately severe pain levels. In addition, the medical records do not document attempts with non-medication means to improve function and decrease pain perception, such as utilization of a self-directed home exercise program, self-application of palliative methods interventions like ice, heat as desired. The medical records do not establish the patient requires access to narcotic medication. The medical necessity of this request has not been established, and should be noncertified.

NABUMETONE 500MG#60 WITH ONE REFILL (DOS:10/01/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): s 67-73.

Decision rationale: According to the CA MTUS Guidelines, Nabumetone is recommended as an option for osteoarthritis, use for moderate pain is off-label. The guidelines state Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The medical records document the patient complains of low back and knee pain, his diagnoses include low back pain, right knee pain, and chronic pain syndrome. According to the 10/01/2013 PR-2, the patient reports 9/10 pain without medications and 8/10 pain with medications. In the absence of documentation of any more functional benefit of this medication for the patient, the request is not medically necessary according to the guidelines. The request is not certified.