

Case Number:	CM13-0043217		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2006
Decision Date:	02/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 Pain Management 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 is a female patient with a date of injury of 2/15/06. A utilization review determination dated 10/21/13 recommends non-certification of evaluation for a functional rehabilitation program and Prilosec. Norco was modified from #120 to a one-month supply. A progress report dated 10/31/13 identifies subjective complaints including pain and discomfort of the left knee and left wrist. Left ankle pain is better managed with current medications. Objective examination findings identify positive Apley's in the left knee with local swelling and strength 5-/5 for the left knee. Diagnoses include left knee internal derangement, history of left knee surgical replacement 12/15/09, lumbosacral disc injury with radiculopathy, left wrist sprain/strain, left ankle sprain/strain, and s/p left knee surgery 8/30/07. Treatment plan recommends continue Norco, Prilosec, Axid, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for a functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 & 49.

Decision rationale: Regarding the request for evaluation for a functional restoration program, California Medical Treatment Utilization Schedule (MTUS) supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success have been addressed. Within the documentation available for review, none of the above mentioned criteria have been met as there is no documentation of an absence of other treatment options, a significant loss of independent functional ability, lack of candidacy for additional surgery or other treatments, motivation to change, and negative predictors of success having been addressed. In the absence of such documentation, the currently requested evaluation for a functional restoration program is not medically necessary.

Norco 10/325mg twice a day, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is resulting in quantified pain relief and improved function, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.

Prilosec 20mg every day, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for Prilosec, California Medical Treatment Utilization Schedule (MTUS) states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to Non-steroidal anti-inflammatory drug (NSAID) therapy or for patients at risk for gastrointestinal events with Non-steroidal anti-inflammatory drug (NSAID) use. Within the documentation available for review, there is no indication that the patient has complaints of

dyspepsia secondary to Non-steroidal anti-inflammatory drug (NSAID) use, a risk for gastrointestinal events with Non-steroidal anti-inflammatory drug (NSAID) use, or another indication for this medication. In light of the above issues, the currently requested Prilosec is not medically necessary.