MAXIMUS Federal Services

Case Number:	CM13-0057758		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2005
Decision Date:	03/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal 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 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 was injured on 10/20/2005. Mechanism of injury is unknown. Treatment history included medications including Benicar HCT, Amlodipine Besylate, Niaspan, Crestor, Lovaza, Celebrex, Hydrocodone, Metformin, Niaspan, Lipitor, Vicodin, Norvasc, Aspirin and Amoxicillin. Prior surgical history includes bilateral knee replacement in 2003 and 2005. A clinic note dated 10/21/2013 revealed pain in knees, decreased range of motion (ROM), limited mobility. Diagnoses were coronary artery disease; bilateral knees replacement, and hypertension. Recommendation was followup treatment appointments every 4-6 months, vital signs and exam, refill of medications, and labs were needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/500mg #1080: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 76-82.

Decision rationale: As per CA MTUS guidelines, "it is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated,

including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Records available for review did not document any of these findings of pain measurements or functional improvements. Therefore, the request for Hydrocodone 10/500mg, #1080 is not certified. Additionally, guidelines recommend slow tapering/weaning process for the individuals taking opioids due to risk of withdrawal symptoms.

Amoxicillin 500 mg #48: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS guidelines do not discuss the appropriateness of this issue in dispute and hence ODG have been consulted. As per ODG guidelines, Amoxicillin is recommended as first-line treatment for cellulitis and other conditions." There is no documentation in the records that indicates there is any infection present currently. The medical necessity has not been established, and thus the request for Amoxicillin 500 mg is medically not necessary.

lab when needed (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effect, Routine Suggested Monitoring Page(s): 70.

Decision rationale: As per CA MTUS guidelines, periodic lab monitoring is recommended; however, there is no mention about specific labs being requested, and hence the request is non-certified.