MAXIMUS Federal Services

Case Number:	CM13-0063717		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2012
Decision Date:	04/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 is a 51-year-old female who reported an injury on 07/23/2010 due to a trip and fall which reportedly caused injury to multiple body parts. The patient received physical therapy for her neck and lower back. The patient underwent an MRI 04/2013 that concluded there was a medial and lateral tear of the menisci. The patient's most recent clinical documentation noted that the patient's medications schedule included Tramadol, Vicodin, and hypertension medications. Physical findings included bilateral knee tenderness and diminished range of motion. It was documented that the patient complained of 10/10 pain of the left knee with mechanical symptoms. Physical findings included tenderness to palpation of the bilateral knees with restricted range of motion described as 115 degrees in flexion of the left knee and 110 degrees in flexion of the right knee. A weight loss program was recommended to the patient prior to surgical intervention. A request was made for additional medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 100/325MG #60 WITH ONE (1) REFILL 1 PO Q4-6H: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: The requested Norco 100/325 mg #60 with 1 refill every 4 to 6 hours is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the patient has previously taken this medication. The patient's past clinical documentation noted that the patient was taking Vicodin and Tramadol for pain control. Therefore, a trial of this medication may be appropriate for this patient. California Medical Treatment Utilization Schedule does recommend trial of opioids to assist with pain control. However, the requested #60 with 1 refill does not allow for timely reassessment and re-evaluation. As such, the requested Norco 100/325 mg #60 with 1 refill every 4 to 6 hours is not medically necessary or appropriate.

SURGICAL WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), does not address surgical weight loss. Official Disability Guidelines (ODG) Diabetes Chapter, Bariatric surgery.

Decision rationale: The requested surgical weight loss program is not medically necessary or appropriate. Official Disability Guidelines recommend bariatric surgery for patients who have failed to respond to modifications in diet and exercise. The clinical documentation submitted for review does not provide any evidence that the patient has participated in any self monitored, self-directed, self managed diet and exercise programs. Additionally, Official Disability Guidelines recommend gastric bypass over gastric banding. The request as it is written does not specifically identify the type of bariatric surgery being requested. As such, the requested surgical weight loss program is not medically necessary or appropriate.

FLEXERIL 10MG 1 PO Q4-6H: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Flexeril 10 mg 1 by mouth every 4 to 6 hours is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends muscle relaxants be used to treat moderate to severe chronic pain for durations of treatment not to exceed 2 to 3 weeks. The clinical documentation submitted for review does not provide any evidence that the patient has previously taken this medication. However, the request as it is written does not clearly identify the intended duration of treatment. Therefore, the

appropriateness of this medication cannot be determined. As such, the requested Flexeril 10 mg 1 by mouth every 4 to 6 is not medically necessary or appropriate.

OMEPRAZOLE 20MG #60 1 PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested omeprazole 20 mg #60 one by mouth every day is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The patient's most recent clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support the use of a gastrointestinal protectant. As such, the requested omeprazole 20 mg #60 one by mouth every day is not medically necessary or appropriate.

URINE DRUG TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested urine drug testing is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for patients who are at high risk for aberrant behavior while using opioid therapy. Additionally, drug testing is appropriate for patients who exhibit symptoms suspect of illicit drug use. The clinical documentation submitted does not provide any evidence that the patient is at high risk behavior and requires more than yearly monitoring. Additionally, the clinical documentation does not provide any evidence to support suspicious behavior of street drug use. As such, the requested urine drug testing is not medically necessary or appropriate.

PHYSICAL THERAPY (PT) TWO (2) TIMES A WEEK FOR THREE (3) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times a week for 3 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously received physical therapy of the knees, lumbar spine, and cervical spine. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the patient is currently participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate to assist in re-establishing and re-educating the patient in a home exercise program. However, the requested 6 visits are considered excessive. As such, the requested physical therapy 2 times a week for 3 weeks is not medically necessary or appropriate.