

Case Number:	CM14-0007994		
Date Assigned:	02/07/2014	Date of Injury:	08/26/2005
Decision Date:	06/13/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 and is licensed to practice in Texas. 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 injured worker is a 53-year-old male who reported an injury on 08/29/2005 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, chiropractic care, surgical intervention and multiple medications. The injured worker recently underwent surgical intervention to the right knee followed by postoperative physical therapy. The injured worker was evaluated on 12/12/2013. Physical findings included restricted range of motion of the lumbar spine and tenderness to palpation over the paraspinal musculature and spinous process. Evaluation of the right knee documented normal range of motion described as 0 degrees in extension to 130 degrees in flexion. Evaluation of the left knee documented joint line tenderness bilaterally with a positive McMurray sign. The injured worker's diagnoses included chronic low back pain, status post right knee arthroscopy and left knee pain status post injections x2. The injured worker's treatment recommendations included surgical intervention, continued use of medications to include Naprosyn 550 mg, Prilosec and hydrocodone/APAP 5/550 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events and would require a gastrointestinal protectant. Additionally, the request, as it is submitted, does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Therefore, the request for Prilosec 20 mg #90 is not medically necessary or appropriate.

HYDROCODONE/APAP 5/500MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain relief or functional benefit to support continued use of this medication. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication will not be supported. Also, the request, as it is submitted, does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Therefore, the request for Hydrocodone/APAP 5/550 mg #60 is not medically necessary or appropriate.