

Case Number:	CM14-0108648		
Date Assigned:	09/16/2014	Date of Injury:	02/19/2013
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Ohio. 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 58-year-old male who reported an injury on 02/19/2013. Reportedly while pushing pallets onto a truck and felt intermittent left knee pain. The injured worker's treatment history included medications, x-rays, MRI studies, and urine drug screens. The injured worker was evaluated on 06/30/2014. It is documented the injured worker complained of continued left knee pain with laxity, as well as low back pain with radiation into the left lower extremity. He reported his pain level 5/10 to 8/10, depending on activity. He was seen in the ER for increased pain after falling on the left knee which was swollen and tender. The injured worker was given Norco and stated he had continued benefit. He stated he had continued benefit with Gabapentin. He also reported depression and insomnia and he was prescribed Zoloft. The injured worker was wearing a brace on the left knee. The examination revealed gait/station was slow and left antalgic. The medications included Gabapentin, Norco 10/325 mg, and ibuprofen 600 mg. Diagnoses included lower leg pain and ankle/foot joint pain. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol PM ES 500/25mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11, 12.

Decision rationale: The request is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend, for treatment of chronic pain and acute exacerbations of chronic pain, osteoarthritis of hip, knee, and hand, an initial treatment for mild to moderate pain, in particular for those with gastrointestinal, cardiovascular, and renovascular risk factors. Low back pain (chronic); both acetaminophen and NSAIDs have been recommended as a first line therapy for low back pain. Per the documentation submitted and per the guidelines, Tylenol P.M. is not recommended at this time. The documentation indicated the injured worker has chronic left knee and low back pain. The guidelines state Tylenol is recommended for treatment for chronic pain and as an initial treatment for mild to moderate pain. However, the injured worker stated he had no significant benefit with the use of acetaminophen. Therefore, the request for Tylenol PM ES 500/25mg, #60 is not medically necessary.

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen submitted for opioid compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as home exercise regimen or long-term functional goals for the injured worker. The request submitted for review failed to include frequency and duration of medication. As such, the request for Norco 10/325mg, #90 is not medically necessary.