

Case Number:	CM14-0114873		
Date Assigned:	09/16/2014	Date of Injury:	09/19/2013
Decision Date:	12/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 56 year old female who reported an injury on 09/16/2013. The mechanism of injury was a fall. The injured worker was diagnosed with status post right knee arthroscopy, L3-5 herniation with right-sided radiculopathy, right hip pain, and central canal and neural foraminal stenosis at the L3-5 and L5-S1 spinal areas. Her past treatments included physical therapy and medication. Diagnostic studies included an MRI dated 04/14/2014. Her surgical history included right knee arthroscopy performed 05/03/2014. The treating physician's progress report, dated 06/06/2014, noted the injured worker complained of right leg muscle weakness and right hip pain rated 9/10. Physical examination of the right hip revealed pain on internal and external rotation. Her medications included hydrocodone and diclofenac. The treatment plan included eight additional physical therapy sessions, home exercises, and continued medication. The request was for Norco and App Trim, however a clear rationale for the requests was not provided. The Request for Authorization forms dated 06/06/2014 were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco is not medically necessary. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker was assessed for side effects and aberrant behavior. Additionally, the request does not indicate the dosage and frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norco is not medically necessary.

App Trim: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical food products and Food labeling

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

Decision rationale: The request for App Trim is not medically necessary. Apptrim is an orally administered capsule that contains a specially formulated medical food that must be administered under the ongoing supervision of a medical professional. The Official Disability Guidelines do not recommend medical foods for chronic pain. The guidelines indicate that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The clinical documentation submitted failed to provide a clear rationale for the request of the App Trim. The guidelines do not recommend then use of medical foods for chronic pain. Additionally, the request does not indicate the dosage and frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for App Trim is not medically necessary.