MAXIMUS Federal Services

Case Number:	CM14-0135174		
Date Assigned:	08/29/2014	Date of Injury:	04/29/2005
Decision Date:	10/01/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine 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:

This injured worker is a 59 year old woman involved in a work related injury from 4/39/05. The details of the injury are not indicated but the injured worker is receiving treatment for bilateral shoulder injuries, neck, back and left knee. There are notes from 1/14 indicating that the injured worker is taking multiple medications, but that they were not adequate, and the injured worker had to go to the Emergency Room for additional treatment. The notes then shift to 7/30/14. A comment is made that the injured worker's left knee symptoms have deteriorated to the point that the injured worker needs assistance walking, and that there has been no prior magnetic resonance imaging (MRI). A request is made for knee magnetic resonance imaging (MRI) and continuation of multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee, determination date 08/15/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Knee and Leg Chapter MRI Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI's (magnetic resonance imaging)

Decision rationale: A comment is made that the injured worker has tenderness in the knee joint, with effusion, positive McMurray's and range of motion is restricted. However, such findings have apparently been present in the past. The injured worker's range of motion deficit is not detailed. X-ray studies of the knee are not detailed. Prior history of conservative care to the knee, such as physical therapy (PT) or medications are not detailed. More mechanical symptoms to the knee such as popping, clicking, give way weakness, etc., are not detailed. Given this clinical presentation and the evidence based guidelines, the request for a magnetic resonance imaging (MRI) of the left knee is not supported and is non certified.

Orphenadrine ER 100mg take 1 twice daily #50 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants ;Muscle relaxants for pain): Antispasmodics;Orphenadrine (Norflex, Banflex,.

Decision rationale: The use of muscle relaxants for long-term use is not supported by guidelines. The injured worker has apparently used this drug for an extended period of time. There is nothing to support its efficacy or benefit in this injured worker. The 7/14 note indicates consistent presence of muscle spasms, and this, purportedly, with the use of the muscle relaxant drug. There is no data indicating improved function, pain reduction or improvement leading to an ability to reduce the drug's use. Given this, the request is non-certified.

Docusate sodium 100mg take 1 twice daily #100 with two (2) refills: 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) Pain, Opioid-induced constipation treatment

Decision rationale: This medication would be useful if the injured worker were taking opioid analgesics. However, as noted, the available data does not support the use of opioids, and hence there is no indication for constipation treatment in the evidence based guidelines. The requested treatment is considered not medically necessary at this time.

Zolpidem Tartrate tablets 10mg one tab po qhs #30 with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain Chapter

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

Decision rationale: This medication is not intended for long term use per the evidence based guidelines. The injured worker has been using the drug for over 10 months, far exceeding the recommended time period of use. There is no data indicating efficacy with the use of this drug. Given these clinical circumstances, the request for this medication is not supported.

Naproxen Sodium 550mg take 1 twice daily #50 with (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen;NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 66;67.

Decision rationale: Although non steroidal anti inflammatory medications are used frequently in the treatment of musculoskeletal issues, the injured worker has been using this drug for an extended period of time, which is not supported by the guidelines. Plus, the available provided data does not indicate enhanced function or improvement by the injured worker with use of this drug. Given this, the request is non certified.

Omeprazole DR 20mg once daily #30 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

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

Decision rationale: This medication is not indicated by the evidence based guidelines. First, there is no appropriate use of non steroidal medications. Next, there is no indication that the injured worker has gastroesophageal reflux disease (GERD) or any gastrointestinal (GI) issue that would mandate the use of this drug when taking non steroidal medications. Given this, the request is non-certified.

Hydrocodone (Norco) APAP 10-325mg take 2 tablet (s) by mouth twice a day #120 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: The data would not support long term use of this drug. The data fails to support benefit with the drug based on the guidelines. The injured worker has no description of reduction in pain levels. There is no indication of any functional gain with the drug. There is no indication of attempt to reduce or wean levels. Given the data provided for review, this medication is thus non certified as medically necessary.

Lorazepam 0.5mg tablet take one tablet by mouth daily #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: There is no indication for this drug according to the evidence based guidelines. There is no diagnosis of anxiety or psychiatric pathology. This drug is an anxiolytic drug, not an anti depressant. It is intended for short term use only and not recommended for long-term chronic use. There is no indication that with the use of this drug the injured worker has improved in any way, physically or psychologically. Given this, the drug is non-certified.