MAXIMUS Federal Services

Case Number:	CM14-0151923		
Date Assigned:	09/22/2014	Date of Injury:	07/04/2013
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 Illinois. 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 32-year-old male who reported a date of injury of 07/04/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of thoracic spine musculoligamentous sprain/strain and left knee sprain/strain. Prior treatments included acupuncture, physical therapy, and a home exercise program. The injured worker had an MRI of the left knee on 07/07/2014, with the official report indicating joint effusion, horizontal oblique tear of the posterior horn of the medial meniscus, lateral patellar tilt, and subluxation with mild chondromalacia of the patella. Surgeries were not indicated within the medical records provided. The injured worker had complaints of bilateral knee pain, the left side greater than the right, with the pain rated at 8-9/10, and complaints of mid back spasms. The clinical note dated 09/15/2014 noted the injured worker ambulated favoring the left lower extremity, had tenderness to palpation over the medial joint line of the knees bilaterally, patellofemoral crepitus, and a positive McMurray's test. The range of motion of the right knee was 90 degrees of flexion and 0 degrees of extension, and the injured worker had 4/5 muscle weakness upon passive range of motion. Medications included Prilosec, Norco, and Norflex. The treatment plan included medications, and the physician's recommendation for left knee surgery and to followup in 4 to 6 weeks. The rationale and the Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG, #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, criteria for use Page(s): 76-78..

Decision rationale: The request for NORCO 5/325MG, #60 is not medically necessary. The injured worker had complaints of bilateral knee pain, the left side greater than the right, with the pain rated at 8-9/10, and complaints of mid back spasms. The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed nonopioid analgesics. Baseline pain and function assessments should be made and documented. Functional assessments should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument. There is a lack of documentation the injured worker had baseline pain and functional assessments to include function for social, physical, psychological, daily, and work activities using a validated instrument. Furthermore, the guidelines state a therapeutic trial of opioids should not be employed until the patient has failed non-opioid analgesics. There is a lack of documentation the injured worker failed treatments with non-opioid medications. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.

PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for PRILOSEC 20MG, #30 is not medically necessary. The injured worker had complaints of bilateral knee pain, the left side greater than the right, with the pain rated at 8-9/10, and complaints of mid back spasms. The California MTUS Guidelines recommend proton pump inhibitors for patients over the age of 65, who have a history of peptic ulcer, GI bleeding or perforation, concurrently using aspirin, corticosteroids, and/or an anticoagulant, or high dose of multiple NSAIDs. Long term use of proton pump inhibitors has been shown to increase the risk of hip fractures. The injured worker was noted to have been taking Voltaren, an NSAID, which would warrant the use of Prilosec. However, the prescription for Voltaren was discontinued as of the 08/12/2014 examination, which would no longer support the use of a proton pump inhibitor. There is a lack of documentation indicating the injured worker is over 65 years of age, has had a peptic ulcer, GI bleeding or perforations, or was using aspirin or corticosteroids to warrant the use of Prilosec. Additionally, the requested as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.

NORFLEX 100 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SEDATING MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-65.

Decision rationale: The request for NORFLEX 100 MG # 60 is not medically necessary. The injured worker had complaints of bilateral knee pain, the left side greater than the right, with the pain rated at 8-9/10, and complaints of mid back spasms. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Most low back pain cases show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is used to decrease muscle spasms in conditions such as a low back pain. It is recommended for a short course of therapy of no longer than 2 to 3 weeks. Limited, mixed evidence does not allow for a recommendation of chronic use. The guidelines indicate the use of muscle relaxants for no longer than 2 to 3 weeks. However, it is noted the injured worker was prescribed Norflex as of the 08/12/2014 examination, the request for Norflex exceeds the 2 to 3 week recommended guideline. Furthermore, the guidelines recommend muscle relaxants as a second line option for the short term treatment of acute exacerbations for patients with chronic low back pain. The injured worker's back pain is chronic in nature and there is a lack of documentation the injured worker had an acute exacerbation of symptoms. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.