

Case Number:	CM14-0152348		
Date Assigned:	09/22/2014	Date of Injury:	12/03/1999
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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 Emergency Medicine and is licensed to practice in California. 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 54 year-old male, who sustained an injury on December 3, 1999. The mechanism of injury is not noted. Diagnostics have included: April 30, 2014 lumbar MRI reported as showing multi-level disc desiccation and L4-5 anterolithesis. Treatments have included: medications. The current diagnoses are: lumbosacral neuritis, left knee patellofemoral syndrome. The stated purpose of the request for Hydrocodone/APAP 5/325mg #60 was not noted. The request for Hydrocodone/APAP 5/325mg #60 was modified for QTY # 60 on August 18, 2014, noting provider agreement with its continuance. The stated purpose of the request for Celebrex 100mg #60 was not noted. The request for Celebrex 100mg #60 was modified for QTY # 60 on August 18, 2014, noting provider agreement with its continuance. The stated purpose of the request for Metaxalone 800mg #90 was not noted. The request for Metaxalone 800mg #90 was modified for QTY # 45 on August 18, 2014, not noting a rationale. The stated purpose of the request for Lorazepam 0.5mg #30 was to treat anxiety. The request for Lorazepam 0.5mg #30 was modified for QTY # 20 on August 18, 2014, not noting a rationale. Per the report dated June 19, 2014, the treating physician noted complaints of pain to the left knee, low back along with right lower extremity pain and numbness. Exam findings included lumbar tenderness without sensory or motor deficits, good knee range of motion with peripatellar tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #60: 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 Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80,80-82.

Decision rationale: The requested Hydrocodone/APAP 5/325mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the left knee, low back along with right lower extremity pain and numbness. The treating physician has documented lumbar tenderness without sensory or motor deficits, good knee range of motion with peripatellar tenderness. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 5/325mg #60 is not medically necessary.

Celebrex 100mg #60: 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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 100mg #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain to the left knee, low back along with right lower extremity pain and numbness. The treating physician has documented lumbar tenderness without sensory or motor deficits, good knee range of motion with peripatellar tenderness. The treating physician has not documented duration of treatment, current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 100mg #60 is not medically necessary.

Metaxalone 800mg #90: 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 Muscle Relaxants, Page(s): 63-66.

Decision rationale: The requested Metaxalone 800mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the left knee, low back along with right lower extremity pain and numbness. The treating physician has documented lumbar tenderness without sensory or motor deficits, good knee range of motion with peripatellar tenderness. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Metaxalone 800mg #90 is not medically necessary.

Lorazepam 0.5mg #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: The requested Lorazepam 0.5mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has pain to the left knee, low back along with right lower extremity pain and numbness. The treating physician has documented lumbar tenderness without sensory or motor deficits, good knee range of motion with peripatellar tenderness. The treating physician has not documented duration of treatment, the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Lorazepam 0.5mg #30 is not medically necessary.