

Case Number:	CM14-0152636		
Date Assigned:	09/22/2014	Date of Injury:	11/10/2006
Decision Date:	10/22/2014	UR Denial Date:	09/17/2014
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 Occupational 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:

This is a 53-year-old female with an 11/10/06 date of injury. She injured her neck, shoulders, wrists, and back when she was in the process of transferring a wheelchair-bound client from a wheelchair to a bed. According to a progress report date 9/4/14, the patient complained of worsening pain with radiating numbness and tingling to the lower extremities. She also complained of continued and worsening right shoulder pain. Her pain decreases with rest, medications, and home exercise program. According to an appeal noted dated 8/18/14, the provider stated that the patient rated her pain at 3-4/10 with use of her medications. She was able to control certain activities of daily living temporarily with less pain and difficulty and she was able to participate in home exercise program effectively. A urine drug screen was ordered on 6/11/14. Objective findings: tenderness to palpation over bilateral paravertebral musculature, lumbosacral junction, and right sciatic notch with associated muscle spasm/guarding; straight leg raising test positive on the right, decreased range of motion of lumbar spine with increased pain, decreased sensation along right L5 and S1 dermatomal distribution; tenderness to palpation of right knee with crepitus present; decreased range of motion of right knee with increased pain in flexion. Diagnostic impression: cervical/trapezial musculoligamentous sprain/strains with muscle contraction headaches. Treatment to date: medication management, activity modification, physical therapy, home exercise program. A UR decision dated 9/17/14 denied the requests for Norco and right knee brace. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (Hydrocodone/Acetaminophen) Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although an appeal note dated 8/18/14 noted that the patient's medication use has provided her pain relief and functional improvement, the patient has a 2006 date of injury, and the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. There is no discussion regarding attempts to wean or taper the patient off of opioid medications. Although the provider stated that a urine drug screen had been ordered, there is no documentation of the results, and there were no urine drug screen reports provided for review. Therefore, the request for Norco 10/325mg #60 was not medically necessary.

Right knee brace: 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), Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Knee and Leg Chapter .

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. There is no documentation that the patient's activities involve movements that stress the knee. In addition, there is no documentation of an unstable knee condition or fracture. Therefore, the request for Right knee brace was not medically necessary.