

Case Number:	CM14-0152646		
Date Assigned:	09/22/2014	Date of Injury:	07/06/2013
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 51-year-old female who reported an injury 07/06/2013. The mechanism of injury was not provided. The injured worker's diagnoses included pain in joint lower leg and lumbar region sprain or strain. The injured worker's past treatments included physical therapy, cortisone injections and medication. The injured worker's diagnostic testing included an MRI of the right knee performed on 03/17/2014; it was noted to reveal mild to moderate tricompartmental osteoarthritis of the knee. An MRI of the lumbar spine was performed on 03/17/2014 and was noted to reveal mild to moderate central canal narrowing and mild bilateral neural foraminal narrowing at L4-5, L5-S1, and L1-2. There were no were relevant surgeries documented. On 08/20/2013, the injured worker complained of pain in her right knee, as well as significant burning in her posterior calf. She reported that she did have an injection in the right knee on 07/02/2014, with no relief. She reported that she continued to have posterior right calf cramping, right knee locking, and right knee pain that is worse at night. She was noted to be taking the Naprosyn twice daily, which occasionally caused stomach upset. The injured worker complained of heartburn and nausea but denied constipation, abdominal pain; black tarry stools, and throwing up blood. Upon physical examination, the patient was noted with an antalgic gait, using a cane to assist with ambulation. The injured worker's medications included Capsaicin 0.075% cream, Naproxen Sodium 550 mg, Pantoprazole 20 mg, and Hydrocodone/APAP 5/325 mg. The rationale of the request was not provided. The request for authorization form was signed and submitted on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #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 NSAIDS Page(s): 67-69.

Decision rationale: The California MTUS guidelines may recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The injured worker complained of pain, however, this pain was not quantified. A pain assessment should include quantified current pain, the least reported pain over the period since last assessment, intensity of pain after taking the medication, and how long pain relief lasts. There was lack of documentation to indicate how long the patient has been using the medication, the guidelines recommend for the shortest period in patients with moderate to severe pain. The injured worker was noted with a history of chest pain and was scheduled for a cardiology consultation. The guidelines state a non-pharmacologic choice should be the first option in patients with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short term needs. In the absence of documentation with evidence of a complete and thorough pain assessment to include a quantified current pain, documented evidence of his objective functional status, confirmation of his cardiac status, and the duration of the use of the medication, the request is not supported. Additionally, as the request is written, there was no frequency provided. Therefore, the request is not medically necessary.

Pantoprazole 20mg #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 NSAIDS Page(s): 68.

Decision rationale: The California MTUS Guidelines state that patients using NSAIDs at an intermediate risk for gastrointestinal events and no cardiovascular disease may use a proton pump inhibitor. Long term proton pump inhibitor use has been shown to increase the risk of hip fracture. The documentation did not indicate how long the patient has been using the medications and long term use is not recommended due to increased risk of hip fracture. The injured worker was noted with chest pain and scheduled for a cardiology consultation. The documentation did not provide evidence of the efficacy of the medication. In the absence of documentation noting sufficient evidence of the efficacy of the medication, the duration of the use of the medication, and confirmation of cardiovascular disease, the request is not supported. Additionally, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.

Hydrocodone-APAP 5/325 mg #15: 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 Page(s): 78.

Decision rationale: The California MTUS Guidelines may recommend the ongoing use of opioids for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include a quantified current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid 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. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker complained of right knee and lower back pain. She reported utilizing half of a tablet of Norco at night, which she stated decreases her pain. It was not documented if she was able to independently complete her activities of daily living, how much her pain decreased, or for how long the pain relief lasts. In the absence of ongoing review and documented evidence of the injured worker's quantified pain relief, objective functional status, appropriate medication use, and side effects the request is not supported. Additionally, there was no documented evidence of monitoring for occurrence of potentially aberrant drug-related behaviors like a urine toxicology screening. Furthermore, as the request is written there was no frequency provided. Therefore, the request is not medically necessary.