

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0154775 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 04/26/2010 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 31-year-old with a reported date of injury of 4/26/2010. The patient has the diagnosis of chronic left knee pain, right knee pain and chronic low back pain. Previous treatment modalities have included surgical knee intervention and physical therapy. Per the most recent progress reports provided for review by the primary treating physician dated 05.20/2014, the patient has complaints of persistent pain. The physical exam noted diminished range of motion in the lumbar spine. The treatment plan recommendations included home exercise program and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there is documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports note the patient has

returned to work and is able to function with the use of the medication. The patient also notes an improvement in pain with the medication. For these reasons the criteria set forth above for the continued and ongoing use of the medication has been met. Therefore the request is medically necessary.

Motrin 800mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Ibuprofen (Motrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: This medication is recommended for the shortest period of time and at the lowest dose possible. The maximum dose of ibuprofen is 3200mg /day. The requested amount of the drug represents 7200 mg/day. This is far in excess of the recommendations. For these reasons criteria set forth for the use of the medication have not been met and therefore the request is not medically necessary.

Prilosec 20mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; regarding Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.