

Case Number:	CM14-0155303		
Date Assigned:	09/25/2014	Date of Injury:	05/15/2002
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 & 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 58-year-old male who reported an injury on 05/15/2002 while pushing a pile of 80 doors; he put his right knee against the doors so they would not fall. He stated he injured his right knee by doing this. Diagnoses were chronic right knee pain, status post arthroscopic right knee surgery 09/2002, right knee x-ray, 12/20/2012, revealed mild to moderate tricompartmental degenerative changes, low back pain, failed Synvisc injections in the past. Physical examination, dated 06/16/2014, revealed ongoing back and knee pain. It was reported that the injured worker continued to get adequate pain relief with the Norco. The pain level was brought down from a 9/10 to a 6/10. It allowed him to walk a little further with his front wheeled walker and stand for longer periods of time. It enabled him to carry out activities of daily living such as cooking, cleaning, laundry, and self-hygiene on an independent basis. Without this medication, the injured worker would probably just sit around all day and not be able to do much of anything, and would not be able to leave his home. Medications were Norco 10/325 mg 4 times a day, Colace 100 mg, and Lexapro 10 mg 2 a day. Objective findings revealed no significant change. Treatment plan was to take medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lexapro 10 mg #120 (DOS 8/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. The decision for retrospective request for Lexapro 10 mg #120 (DOS 8/11/14) is not medically necessary.

Retrospective request for Norco 10/325 mg #240 (DOS 8/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75; 78.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. The decision for retrospective request for Norco 10/325 mg #240 (DOS 8/11/14) is not medically necessary.