

Case Number:	CM14-0175081		
Date Assigned:	10/28/2014	Date of Injury:	10/01/2010
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & Rehabilitation 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 55-year-old female who reported an injury on 10/04/2010. The mechanism of injury was due to a trip and fall. The injured worker has a diagnosis of pain in joint, shoulder; plantar fibromatosis; sprain/strain of the lumbar spine; pain in joint, upper arm. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications consist of hydrocodone/APAP, Protonix, Zanaflex, Anaprox, Lidoderm patches, and hydrochlorothiazide. X-rays of the cervical spine, obtained on 04/05/2013, revealed mild degenerative changes with uncovertebral spurring and disc space height loss at C4-5, C5-6, and C6-7. There were no fractures. It was positive for osteopenia. No urinalyses or drug screens were submitted for review. On 10/10/2014, the injured worker complained of chronic bilateral knee pain. It was noted on physical examination of the right knee that there was a well healed surgical incision. There was no erythema, swelling, or warmth. The injured worker had some grinding and crepitus palpated with range of motion of the right knee. Range of motion was decreased by 10% with flexion before with extension. Examination of the left knee revealed no evidence of erythema, swelling, or warmth. There was mild crepitus with the left knee range of motion. Range of motion of the left knee was full with flexion and extension. Anterior/posterior drawer tests were negative. McMurray's sign was also negative and lateral/medial collateral ligament stress tests were negative. Medical treatment plan is for the injured worker to continue with medication therapy. The provider feels that longer delay of the injured worker's treatment would only serve to prolong her suffering and increase the overall recovery of the injured worker. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of hydrocodone bitartrate/apap 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone bitartrate/apap (Vicodin) Page(s): 78, 98.

Decision rationale: The request for 120 Tablets of hydrocodone bitartrate/apap 10/325mg is not medically necessary. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits the injured worker might have had. There were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. Additionally, there were no urine analyses (UAs) or drug screens submitted for review indicating that the injured worker was in compliance with medication prescriptions. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

90 Tablets of naproxen sodium (anaprox) 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for 90 Tablets of naproxen sodium (Anaprox) 550mg is not medically necessary. The efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping with any functional deficits, or being used as anti-inflammatory to the injured worker's knees. Guidelines recommend the use of non-steroidal anti-inflammatory drug (NSAIDs) in its shortest period of time. It was indicated that the injured worker had been on the medication since at least 06/2014, exceeding recommended guidelines for short term use. There also lacked documentation of a complete and accurate pain assessment. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

60 Tablets of pantoprazole (protonix) 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: The request for 60 Tablets of pantoprazole (Protonix) 20mg is not medically necessary. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any dyspepsia the injured worker might be having. Additionally, it was not documented that the injured worker had complaints of dyspepsia. There was also no pertinent evidence documented showing that the injured worker had any signs of peptic ulcer, gastrointestinal bleeding, or perforation. Given the above, the medical necessity is unclear. As such, the request is not medically necessary.