MAXIMUS Federal Services

Case Number:	CM14-0024513		
Date Assigned:	06/11/2014	Date of Injury:	07/23/2002
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 75-year-old female was reportedly injured on July 23, 2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated December 17, 2013, indicated there were ongoing complaints of bilateral knee pain, right shoulder pain and low back pain. The physical examination demonstrated tenderness at the medial joint line of the bilateral knees and patellar facets. A request was made for naprosyn, Prilosec, Dendracin, Norco, and Ambien and was not certified in the pre-authorization process February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: NAPROSYN BC 500MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), NSAIDs Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory medications (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate

to severe pain. It was also stated that there was no evidence of long-term effectiveness of non-steroidal anti-inflammatory medications (NSAIDs) for pain or function. As the injured employee stated date of injury was over a decade ago, she may have been on this medication for prolonged period of time. Without specific justification to continue this medication, this request for naprosyn is not medically necessary.

RETROSPECTIVE: PRILOSEC 20MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines only recommend the usage of a proton pump inhibitor such as Prilosec for those individuals at risk for gastrointestinal events. There was no mention in the attached medical record that the injured employee is at any risk for any stated gastrointestinal events. Therefore, this request for Prilosec is not medically necessary.

RETROSPECTIVE: DENDRACIN 120ML, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 -113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Topical analgesics Page(s): 111.

Decision rationale: Dendracin is a topical medication that contains methyl salicylate, menthol and capsaicin. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines only recommend the usage of topical medications, which include anti-inflammatory agents, lidocaine, and capsaicin. As Dendracin contains other agents which are not recommended, this request for Dendracin is not medically necessary.

RETROSPECTIVE: NORCO 5/325MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids, ongoing management Page(s): 78.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, long-term usage of opioid medications, such as Norco, are only indicated, if there is evidence of decreased pain, increased level of

function to include activities of daily living and improved quality of life. The efficacy of Norco is not mentioned in the attached medical record. Therefore, this request for Norco is not medically necessary.

RETROSPECTIVE: AMBIEN 10MG, #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ambien, updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines, hypnotic medications such as Ambien are only indicated for short-term usage, usually two to six weeks, for the treatment of insomnia. The attached medical record contains no information regarding the intention or efficacy of the use of this medication. This request for Ambien is not medically necessary.