

Case Number:	CM14-0030251		
Date Assigned:	06/20/2014	Date of Injury:	09/22/2009
Decision Date:	08/11/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old male was reportedly injured on September 22, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 28, 2013, indicated that there were ongoing complaints of right knee pain and left upper extremity tenderness. The physical examination demonstrated patellar crepitus, a decrease in knee flexion, tenderness over the left medial and lateral epicondyles and decreased left hand strength. Diagnostic imaging studies were not presented for review. Previous treatment included a right quadriceps tendon surgical repair. A request was made for multiple medications and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: The only progress note is more than one year old dated June 28, 2013. The only findings are a noted crepitus in the surgically treated knee and soreness in the left upper extremity secondary to overuse. The physical examination did not include any findings of muscle spasm. Therefore, the request is not medically necessary.

Omeprazole 20MG #90: 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 Page(s): 68.

Decision rationale: The single progress note, presented for review, dated June 28, 2013, did not indicate any gastrointestinal symptom, or medications that required a protectorate such as proton pump inhibitor. Furthermore, there are numerous proton pump inhibitors available over-the-counter without a prescription. Given the lack of a diagnosis of gastritis, lack of a need for a protectorate, and the date of the progress note, therefore, the request is not medically necessary.

Medrox patch #15: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: This is a topical preparation that includes methyl Salicylate, menthol and capsaicin. As outlined in the MTUS, such topical analgesics are largely experimental and there have been few randomized studies to support the efficacy of this preparation. Given that the single progress note (dated June 28, 2013) only notes some soreness about the epicondyles and left upper extremity and crepitus in the surgically treated knee, there is no clinical indication for preparations. Therefore, the request is not medically necessary.

Hydrocodone BIT/APAP 5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: When noting the clinical findings reported on the progress note presented for review and noting that this preparation is for the short-term management of moderate to severe breakthrough pain, there is no indication for such a preparation more than a year

afterwards. The pain generator appears to be subsequent to the surgical intervention, which is long since resolved. Therefore, the request is not medically necessary.

Alprazolam 0.25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 OF 127.

Decision rationale: As outlined in the MTUS, benzodiazepines are not recommended for long-term use, as the efficacy is unproven and the risk of dependence. The literature limits use of such benzodiazepine medication to no more than four weeks. When considering the progress note (dated June 28, 2013) presented for review and by the physical examination findings in the single progress note, therefore, the request is not medically necessary.