

Case Number:	CM14-0033242		
Date Assigned:	06/20/2014	Date of Injury:	08/27/2008
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Preventative Medicine, has a subspecialty in Occupational Health and is licensed to practice in Iowa. 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:

This patient is a 58 year old employee with date of injury of 8/27/2008. Medical records indicate the patient is undergoing treatment for cerebral concussion, status post right knee arthroscopy, left knee sprain, right ankle sprain, Diabetes, GERD, HTN, status post right knee reconstruction with allograft on 08/2010 and post Synvisc injection on 07/29/2013. Subjective complaints include instability, pain and swelling involving her right knee with prolonged weight bearing activities. Objective findings on the right ankle show a well healed incision and trace drawer testing. She walks with an antalgic gait and has weakness in all planes. Physical exam findings of the right knee show well-healed arthroscopic portals and anterior incision with stable anterior drawer and Lachman testing. An MRI of the left knee done on 5/15/13 showed minimal degenerative changes with multi focal chondromalacia and osteophytes. A right ankle MRI dated 10/15/13 showed right anterior talofibular ligament reconstruction, severely attenuated and probably torn right ligament, chronic posttraumatic and stress related changes of the medial deltoid ligamentous complex and mild chronic plantar fasciitis. Treatment has consisted of Vicodin, Naprosyn, topical cream, a lace up ankle brace and PT. The utilization review determination was rendered on 3/6/2014 recommending non-certification of Norco 5/325 mg #60 x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The documentation indicates that the patient was using opioids. The patient has exceeded the 2 week recommended treatment length for opioid usage. On 2/3/14, due to a lack of functional benefit, Vicodin #30 was authorized for weaning, unless supporting documentation could be obtained. There is still no documentation to indicate functional improvement or sustained measureable gains with opiate treatment. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." On 2/3/14 Vicodin was authorized for weaning unless additional medical documentation was provided that benefit to the patient. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 325/10mg is not medically necessary.

Prilosec 20 mg #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAID) gastrointestinal (GI) symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk Epocrates, <https://online.epocrates.com/>, Omeprazole.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Based on the medical documents provided, the patient has had a history of gastritis and GERD that was controlled by Prilosec 20 mg daily. Prilosec 20 mg is taken daily by patients that have GERD and the treating physician has requested 60 tablets of Prilosec 20 mg tablets for a 30 day period. The treating physician has not documented that he

was increasing the dose to 40 mg daily due to a gastric or duodenal ulcer (Epocrates dosing Omeprazole). As such the request for Prilosec 20 mg #60 with refill is not medically necessary.

Functional Capacity Evaluation (Final): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program admission , functional capacity examination (FCE) Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability". Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." ODG further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program.", "An FCE is time-consuming and cannot be recommended as a routine evaluation.", "Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified." The patient is still on temporary disability, she is under treatment, and has not reached maximal medical improvement. The medical documents provided do not indicate that any of the above criteria were met. As such, the request for baseline functional capacity evaluation is not medically indicated.