

Case Number:	CM14-0039479		
Date Assigned:	06/27/2014	Date of Injury:	03/19/2002
Decision Date:	08/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 medical worker is a 75-year-old male that reported an injury on 03/19/2002 due to unknown mechanism. The injured worker's diagnoses internal derangement of the left knee, status post meniscectomy, sleep disorder, stress, and depression. Past treatment has included two Hyalgan injections to the left knee as well as medications. Patient's surgical history includes status post meniscectomy on the left knee. The injured worker complained of pain to both knees, the left groin and low back. Limitations were pushing, pulling, and lifting as well as squatting and kneeling. There was tenderness to palpitation noted along the joint line and weakness to resist of function. The injured worker's medication was Norco 10/235 and Nexium 40 mg. The rationale for the request was for chronic pain management. The request for authorization form dated 01/21/2014 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #160 between 2/25/2014 and 5/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: The request for Norco 10/325 mg #160 between 02/25/2014 and 05/03/2014 is not medically necessary. The California MTUS guidelines state the ongoing management of a patient taking opioid medication should include routine office visits and detailed documentation on the extent of pain relief, functional status in regards to activity of daily living, appropriate medication use, and/or aberrant drug taking behaviors and adverse effects. The injured worker complained of pain to the bilateral knee and low back. There was lack of documentation of a pain assessment which should include the current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. The documentation submitted for review did not include these notations. No documentation of adverse affects with the use of the opioid. There was no documentation of a drug screen submitted for the retrospective dates of 02/25/2014 and 05/03/2014. In addition, the proposed request lacks mention of a frequency of the proposed medication. As such, the request for the Norco 10/325 #150 between 02/25/2014 and 05/03/2014 is not medically necessary.

Nexium 40 mg #60 between 2/25/2014 and 5/3/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms page Page(s): 68.

Decision rationale: The request for Nexium #60 between 02/25/2014 and 05/03/2014 is not medically necessary. According to California MTUS guidelines, GI symptoms and cardiovascular risk should be taken into consideration when ordering medications for GI symptoms. Patient is at risk for gastrointestinal event which would include age over 65, history of peptic ulcer, GI bleeding, or perforation, congruent use of an aspirin, corticosteroids, and/or anticoagulants. According to documentation submitted for review for the time period of 02/25/2014 and 05/03/2014, there was lack of documentation on gastrointestinal distress and lack of mention of a frequency on the request for the proposed medication. Therefore, the request for Nexium 40mg #60 between 02/25/2014 and 05/03/2014 is not medically necessary.