

Case Number:	CM14-0043768		
Date Assigned:	07/02/2014	Date of Injury:	07/20/1999
Decision Date:	09/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation, 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 worker is a 66-year-old male who reported an injury on 07/20/1999 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts to include the right shoulder, right knee, and low back. The injured worker's treatment history included medications, a home exercise program, a knee brace, and activity modifications. The injured worker was examined on 08/04/2014. It was noted that the injured worker had low back pain radiating into the bilateral lower extremities rated at a 9/10. It was documented that the injured worker felt medication assisted with participation in activities of daily living. The injured worker's medications included Norco, Celebrex, Zantac, and Skelaxin. Physical findings included reduced grip strength of the left hand when compared to the right, tenderness to palpation of the midline lumbar spine, and restricted range of motion secondary to pain. The injured worker's diagnoses included impingement syndrome of the right shoulder, left shoulder impingement syndrome, lumbar spine sprain/strain, status post bilateral knee arthroscopies, and status post unicondylar right knee replacement. The injured worker's treatment plan included a urine drug screen to assess for medication compliance and an MRI of the lumbar spine. A request was made for a refill of medications. However, no justification or Request for Authorization form were submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120 x5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #120 x5 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review indicates that the injured worker has been on this medication since at least 03/2013. However, a significant functional increase or quantitative assessment of pain relief is not provided to establish efficacy of this medication. Additionally, the request includes 5 refills. This does not allow for ongoing documentation of assessments to support efficacy and continued treatment. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #120 x5 is not medically necessary or appropriate.

Zantac 300mg #30 x5: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Zantac 300 mg #30 x5 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients at risk for development of gastrointestinal events related to medication usage. The clinical documentation submitted for review indicates that the injured worker has been on this medication since 03/2013. However, there is no documentation of significant functional benefit or an adequate assessment of the injured worker's gastrointestinal system that indicates they are at continued risk for development of gastrointestinal symptoms related to medication usage. Additionally, the request includes 5 refills. This does not allow for timely reassessment and evaluation to support continued treatment. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Zantac 300 mg #30 x5 is not medically necessary or appropriate.

Motrin 800mg #90 x5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 63.

Decision rationale: The requested Motrin 800 mg #90 x5 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continued use of medications in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief or specific functional benefit resulting from medication usage. Therefore, ongoing use of this medication would not be supported. Furthermore, the request includes 5 refills. This does not allow for timely reassessment and evaluation to establish efficacy and support continued treatment. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Motrin 800 mg #90 x5 refills is not medically necessary or appropriate.

Skelaxin 800mg #100 x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Skelaxin 800 mg #100 x5 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends muscle relaxants for a short duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The clinical documentation indicates that the injured worker has been on this medication since at least 03/2013. This exceeds Guideline recommendations. Furthermore, the request includes 5 refills. This in combination with the already completed medication therapy with muscle relaxants exceeds Guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Skelaxin 800 mg #100 x5 refills is not medically necessary or appropriate.