

Case Number:	CM14-0055287		
Date Assigned:	07/07/2014	Date of Injury:	07/03/2011
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 54 year-old female with date of injury 07/03/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/23/2014, lists subjective complaints as pain in the right knee and low back. Objective findings: Examination of the right knee revealed tenderness to palpation over the medial aspect of the right knee and decreased range of motion in all planes secondary to pain. Examination of the lumbar spine revealed tenderness to palpation of the lumbosacral spine region, as well as over the bilateral lumbar paraspinal musculature, where muscle spasms and trigger points were noted. Diagnosis: 1. Internal derangement left knee with cartilage tears 2. Compensatory strain/sprain right knee, internal derangement 3. Mild strain/sprain, lumbar spine 4. Status post left AMC. Patient underwent an MRI of the lumbar spine performed on 04/17/2013 which was positive for the presence of disc desiccation at the L3-4 and L4-5 levels. The medical records supplied for review document that the patient has been taking the following medications at least as far back as 6 months. Medications include: Vicodin ES 7.5mg, #100; Motrin 800mg, #90. No SIG given for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5mg #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 74-94 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, with regard to functional improvement or pain relief over the course of the 6 months. Therefore, the request is not medically necessary.

Motrin 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been taking Motrin for 6 months or more. The medical record offers no documentation of decreased pain or increase in functional ability. Therefore, the request is not medically necessary.