

Case Number:	CM14-0059381		
Date Assigned:	07/09/2014	Date of Injury:	05/28/2008
Decision Date:	09/05/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 37-year-old female employee with date of injury of 5/28/2008. A review of the medical records indicate that the patient is undergoing treatment for left knee chondromalacia, left knee osteoarthritis, left foot contusion, left foot fusion in 2009, chronic ankle pain, contusion and reflex sympathetic dystrophy lower limb. Subjective complaints include lower extremity pain and the patient reported burning sensation and swelling in left foot. Objective findings include tender to palpation over medial and lateral joint lines of the ankle, knee crepitus, and tender to palpation over sub patellar space. Treatment has included Norco, TENS unit, acupuncture, Medrox patch, Motrin 200mg 1/day, Protonix, medication and/or PT. The utilization review dated 4/7/2014 non-certified Norco 10/325mg and Motrin 200mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

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

Decision rationale: The California 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." 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. In addition, the treating physician discusses the need for weaning of Norco and starting non-opioid therapies such as acupuncture. Therefore, the request for Norco 325/10mg # is not medically necessary.

Motrin 200mg TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), 67-73 Page(s): 67-73.

Decision rationale: The California MTUS specifies the following two recommendations regarding NSAID use are osteoarthritis (including knee and hip) recommended at the lowest dose for the shortest period in patients with moderate to severe pain and Neuropathic pain if there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do indicate that the patient is being treated for left knee osteoarthritis. However, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on Motrin, but the MTUS guidelines recommend against long-term use. Therefore, the request for Motrin 200mg TID is not medically necessary.