

Case Number:	CM14-0063913		
Date Assigned:	07/11/2014	Date of Injury:	01/07/2009
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/06/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 51 year old male who sustained an injury on 01/07/09 while performing repetitive climbing stairs with heavy equipment. The injured worker developed complaints of left knee pain. The injured worker had a noted 2nd injury on 07/06/09 due to falling approximately 4 feet injuring the left upper extremity and left shoulder. The injured worker is noted to have had a prior left shoulder arthroscopic rotator cuff repair as well as a debridement and superior labrum anterior and posterior repair with subacromial decompression performed on 02/12/10. The injured worker has had an extensive amount of physical therapy to date for the left shoulder. The injured worker did undergo a left knee arthroscopy for meniscectomy and chondroplasty on 01/12/12. The injured worker also reported complaints of neck pain as well as numbness in the upper extremities. The injured worker did have electrodiagnostic studies of the upper extremities completed on 09/01/13 which were negative for evidence of neurological findings. The injured worker did undergo further left knee arthroscopy with meniscectomy and chondroplasty on 08/26/13. Postoperatively, the injured worker was followed by pain management in regards to continuing severe pain in the bilateral knees. Medications did include the use of Norco which was effective in reducing pain. The injured worker was seen on 03/21/14 with continuing complaints of bilateral knee pain with numbness and tingling in the lower extremities. The injured worker was not currently working but reported that Norco was able to reduce pain to 2/10 on the visual analog scale. On physical examination, there was good range of motion in the bilateral knees. The report indicated the injured worker had completed 12 additional sessions of physical therapy. Other medications were noted to include Requip which was being prescribed by a different physician for restless leg syndrome. The injured worker was continued on Norco 10/325mg as well as Protonix 20mg. The injured worker was reported to have stomach upset

from utilizing medications. A follow-up on 04/28/14 noted the injured worker was requesting additional refills of Norco. The injured worker was reported to be functional with the continued use of Norco at 10/325mg. The note indicated that the amount prescribed was increased by 30 tablets from 120 to 150. The requested medications to include Norco 10/325mg, quantity 120, Tramadol ER 150mg, quantity 30, Protonix 20mg, quantity 60, LidoPro ointment 4 oz., and Terocin patches, quantity 20 were all denied by utilization review on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker did report significant pain relief with the use of Norco; however, the clinical reports provided for review did not discuss duration of this medication. It did appear that an increasing amount of Norco was being prescribed to the injured worker. It is unclear what the rationale was for the increase in the number of tablets being prescribed to the injured worker as there was reported good pain relief with this medication. It is also unclear from the clinical documentation what barriers were present for the injured worker to return to work as Norco was reported to be providing substantial pain relief. Per guidelines, short acting narcotics can be utilized in the treatment of moderate to severe musculoskeletal pain; however, guidelines do recommend that there be ongoing assessments establishing the efficacy of this class of medication in terms of functional improvement and pain relief. Given the absence of any significant indications of functional improvement with the continued use of Norco and as there did appear to be an escalation of use, the request is not medically necessary.

Tramadol ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The request for Tramadol ER 150mg, quantity 30, is not medically necessary. This medication can be utilized as an option in the treatment of moderate to severe musculoskeletal pain; however, there was no specific rationale in the clinical notes for the use of this analgesic. Therefore, this request is not medically necessary.

Protonix 20 mg #60: Overturned

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

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

Decision rationale: The request for Protonix 20mg, quantity 60, is not medically necessary. The injured worker is noted to have had stomach upset with oral medication use. Given the reported gastric upset side effects from oral medication use, a proton pump inhibitor such as Protonix would be indicated by guidelines to address these symptoms. Therefore, this request is medically necessary.

Lidopro lotion four ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, topical Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for LidoPro ointment, 4 oz., this reviewer would not have recommended this request as medically necessary. This medication can be utilized as an option in the treatment of neuropathic pain; however, the injured worker's symptoms were primarily musculoskeletal in nature. There was no specific rationale in the clinical notes for the use of this topical analgesic. Therefore, this reviewer would not have recommended this request as medically necessary.

Terocin patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Terocin patches, quantity 20, is not medically necessary. This medication can be utilized as an option in the treatment of neuropathic pain; however, the injured worker's symptoms were primarily musculoskeletal in nature. There was no specific rationale in the clinical notes for the use of this topical analgesic. Therefore, this request is medically necessary.