

Case Number:	CM14-0083652		
Date Assigned:	08/08/2014	Date of Injury:	08/27/2002
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/05/2014

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 Emergency 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:

Patient has a reported date of injury on 8/27/2002. No mechanism of injury was provided for review. Patient has a diagnosis of Discogenic cervical pain, discogenic lumbar pain from multilevel disease, L sided rotator cuff tear and internal derangement of bilaterally knees. Patient is post two right knee surgeries. Medical records reviewed. Last report available was not until 5/30/14. Patient has pains to left knee, right knee, neck and low back. Patient is depressed and has anxiety. There is no pain scale noted on record. Objective exam reveals weakness to quadriceps and hamstrings bilaterally. Injured worker has tenderness to patella with positive compression test on right and McMurrays medially with no laxity on right side, tenderness along joint line with positive compression. In note on 5/30/14 after knowing that prior request was denied, patient requests Norco (No dose) #60 "since she needs it". No imaging studies provided for review. Independent Medical Review is for Norco (no dose) #60, Naproxen 550mg #60, Ultracet 37.5/325mg #60, Norco (no dose) #60, Naproxen 550mg #60 and Ultracet 37.5mg #60. Prior UR on 5/23/14 recommended conditional non-approval until more information was available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Norco #60 (Unspecified Strength): 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 Opioids Page(s): 76-78.

Decision rationale: Norco is Acetaminophen and Hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no noted improvement in function and patient is noted to be having unknown pain (since the provider has failed to provide any pain scale) even with current opioid therapy. There is no documentation of proper assessment for abuse. The prescription is also incomplete with no dose requested. There is also a duplicate request with the same error. Norco is not medically necessary.

Prospective Request for Naproxen 550 Mg #60: 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(Non-Steroidal Anti-inflammatory Drugs Page(s): 67-68.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. The documentation does not provide any pain scale or activity of daily needed to determine effectiveness of naproxen. Patient appears to have been using Naproxen for a long term. This prescription is also a duplicate with an exactly same prescription requested. Without documentation of effectiveness and close monitoring for adverse effects, Naproxen is not medically recommended.

Prospective Request for Ultracet 37.5/325 Mg #60: 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 Opioids Page(s): 76-78.

Decision rationale: Ultracet is Acetaminophen with Tramadol a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation for criteria. The documentation failed all required MTUS components. There is no objective assessment of pain improvement, activity of daily living, side effects or aberrant behavior. There is also a duplicate prescription for Ultracet. Ultracet is not medically necessary.

Prospective Request for Norco #60 (Unspecified Strength): 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 Opioids Page(s): 76-78.

Decision rationale: Norco is Acetaminophen and Hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no noted improvement in function and patient is noted to be having unknown pain (since the provider has failed to provide any pain scale) even with current opioid therapy. There is no documentation of proper assessment for abuse. The prescription is also incomplete with no dose requested. There is also a duplicate request with the same error. Norco is not medically necessary.

Prospective Request for Naproxen 550 Mg #60: 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(Non-Steroidal Anti-inflammatory Drugs Page(s): 67-68.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. The documentation does not provide any pain scale or activity of daily needed to determine effectiveness of Naproxen. Patient appears to have been using Naproxen for a long term. This prescription is also a duplicate with an exactly same prescription requested. Without documentation of effectiveness and close monitoring for adverse effects, Naproxen is not medically recommended.

Prospective Request for Ultracet 37.5Mg #60: 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 Opioids Page(s): 76-78.

Decision rationale: Ultracet is acetaminophen with Tramadol a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation for criteria. The documentation failed all required MTUS components. There is no objective assessment of pain improvement,

activity of daily living, side effects or aberrant behavior. There is also a duplicate prescription for Ultracet. Ultracet is not medically necessary.