

Case Number:	CM14-0095518		
Date Assigned:	07/25/2014	Date of Injury:	11/16/2011
Decision Date:	09/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 59-year-old male with reported injury on 11/16/2011. The mechanism of injury was not provided. The diagnoses consisted of abdominal pain/bloating, acid reflux secondary to NSAIDs, weight gain, diabetes mellitus, hyperlipidemia, sleep disorder, fatty liver enlarged, and elevated liver enzymes. The injured worker has had previous treatments of physical therapy. The efficacy of that physical therapy was not provided. The injured worker had an examination on 12/02/2013. The actual examination is very difficult to read, but it was noted that he did complain of right knee pain. He rated his pain at 9/10. He also complained of low back pain radiating bilaterally to his lower extremities. It did note that there was bilateral lower extremities radiculopathy. There was not an examination that was provided for motor strength, sensation, and reflexes. The medication list consisted of Norco. The recommended plan of treatment is illegible. The request for authorization for the Norco was signed for 12/02/2013. The request for the range of motion testing was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 60 retro 12/2/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: The request for Norco 10/325 mg #60 for the retrospective pay dated 12/02/2013 is not medically necessary. California MTUS Guidelines recommend for ongoing monitoring of opioids for there to be documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. There is a lack of documentation of pain relief. There was no assessment of side effects. There was a lack of documentation of physical and psychosocial functioning deficits and/or improvements. Furthermore, the request does not specify directions as far as frequency and duration and there is a lack of evidence to support the number of 60 pills without further evaluation and assessment. The injured worker did have a urine drug screen test on 07/12/2013 which was consistent with the medications. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.

ROM testing between retro 12/2/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , American Medical Association.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 333-335.

Decision rationale: The ROM testing retrospectively to 12/02/2013 is not medically necessary. The American College of Occupational and Environmental Medicine recommends for a focus knee examination for examiners to identify any clinically significant pathology that may be present. A considerable number of patients may present with findings such as grinding, clicking, popping, and pain, yet do not necessarily have a clinically significant intra-articular pathology and may require more than conservative care. Initially, the patient's gait and appearance of the knee should be observed during stance, but should be observed whether they have difficult walking, as well as deformity, swelling, redness, and inability to fully extend. There is a lack of evidence that any of these physical findings have been noted or that they were performed on the examination. There is a lack of evidence to support the medical necessity for range of motion testing without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for range of motion testing retrospectively for 12/02/2013 is not medically necessary.