

Case Number:	CM13-0039942		
Date Assigned:	03/28/2014	Date of Injury:	09/08/2011
Decision Date:	04/22/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on September 8, 2011. He reported injury of multiple body parts. The injured worker was diagnosed as having cerebral concussion with cephalgia, cervical spine sprain/strain, left shoulder sprain/strain, right shoulder sprain/strain, right and left rib case contusion, lumbar spine strain/sprain, status post right knee arthroscopy, and right ankle sprain/strain. Treatment to date has included medications, evaluations, shoulder surgery. On March 12, 2015, a progress report indicates he has complaint of right shoulder and bilateral wrists/hands pain. He reports the pain and symptoms have not changed from a previous visit. The treatment plan includes: recommendation for a psychiatric AME evaluation, Toradol injection, lumbar spine brace, orthopedic AME evaluation, refill of medications: Ultram, Norco, and Zanaflex, and revisit in 6 weeks. The request is for Norco, Prilosec, and an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Opioids, criteria for use, Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic pain involving multiple body areas. Treatments have included right knee arthroscopy and prior viscosupplementation injections with unknown result. The claimant is not taking a non-steroidal anti-inflammatory medication. Norco is being prescribed on a long term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with his history of injury and surgery. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic pain involving multiple body areas. Treatments have included right knee arthroscopy and prior viscosupplementation injections with unknown result. The claimant is not taking a non-steroidal anti-inflammatory medication. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Prilosec was not medically necessary.

Hylan Injections (start date for 1st injection 9/3/13, qty #5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic pain involving multiple body areas. Treatments have included right knee arthroscopy and prior viscosupplementation injections with unknown result. The claimant is not taking a non-steroidal anti-inflammatory medication. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant's response to injections done previously is not documented. Therefore the request is not medically necessary.