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| Case Number: | CM14-0186915 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 12/14/2011 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 & Rehabilitation 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:

The injured worker is a 56-year-old female who reported an injury on 12/14/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical sprain/strain, bilateral upper extremity overuse tendinopathy, L5-S1 discopathy with bilateral radiculopathy, bilateral knee tendinopathy and chondromalacia, hypertension. The previous treatments included medication. Within the clinical note dated 10/08/2014, it was reported the injured worker complained of bilateral knee pain. She rated her pain 9/10 to 10/10 in severity, with radiation to the lower extremities. She described the pain in her lower back as achy. She complains of bilateral knee pain rated 8/10 in severity with a burning sensation. She complains of pins and needles sensation on her neck. The physical examination revealed significant tenderness and spasms and tightness in the paraspinal musculature. The injured worker had a sciatic stretch sign. There was increased pain in the gluteal muscles with straight leg raise maneuver to 80 degrees bilaterally. The range of motion of the lumbar spine from thoracic spine down has significantly reduced range of motion. There was paraspinal muscle spasm bilaterally. Forward flexion was noted to be 20 degrees and extension 10 degrees. The provider noted decreased sensation in the posterolateral foot and heel bilaterally. The provider requested Norco for pain and Motrin. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management Page(s): 77-78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the physical examination. The use of a urine drug screen was not submitted for clinical review. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Motrin 800mg #90 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 72.

Decision rationale: The California MTUS Guidelines note Motrin is used for osteoarthritis and off label ankylosing spondylitis. The guidelines also note higher doses are generally recommended for rheumatoid arthritis. The guidelines note doses greater than 400 mg have not provided any greater relief of pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.