

Case Number:	CM14-0189870		
Date Assigned:	11/21/2014	Date of Injury:	02/28/2008
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/13/2014

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 General Surgery and Plastic Surgery and is licensed to practice in Arizona 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 54-year-old male who reported an injury due to a fall from approximately 4 feet on 02/28/2008. On 10/06/2014, his diagnoses included sprain of knee and leg NOS, chondromalacia patella, and derangement of the medial meniscus NOS. On 06/16/2014 and 08/11/2014, his complaints included continued and increased left knee pain with weight bearing. The treatment plan on both dates included a request for a plastic surgical consultation for skin folds following gastric bypass surgery. On 09/25/2014, the treatment plan noted that a plastic surgery referral was required for removal of excess skin status post bariatric surgery. A prescription on 01/08/2013 revealed that this injured worker had been taking Norco 10/325 mg since 12/14/2012. There was no rationale noted for the requested Norco. A Request for Authorization for the surgery only dated 10/06/2014 was included in this injured worker's chart.

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 and On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, or quantified efficacy. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #120 is not medically necessary.

Plastic surgery for removal of excess skin post gastric bypass: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77.

Decision rationale: The request for plastic surgery for removal of excess skin post gastric bypass is not medically necessary. The California ACOEM Guidelines note that certain factors have been shown to promote an ill or injured worker's functional recovery, including encouragement and support from the injured worker's employer, coworkers, doctor, family, and friends. Injured workers' perceptions that their jobs are commensurate with their qualifications and that they can perform the job duties adequately. Access to quality medical care after the injury. This includes a positive relationship between the worker and his or her doctor, in which the doctor provides adequate information about proposed treatments and recovery expectations and discusses the injured worker's job duties and ways to avoid aggravation or re-injury. Additionally components of quality care include resuming aerobic activity as soon as possible to avoid deconditioning and exhausting reasonable care methods prior to electing surgery (unless surgery in clinically indicated). This injured worker's treatment plan originally requested a surgical consultation to determine whether or not his excessive skin folds required excision. There was no evidence that the surgical consultation had taken place. When the treatment plan changed on 09/25/2014 to read that a plastic surgery referral was required for the removal of excess skin status post bariatric surgery, there was no rationale for that decision without the prior consultation. Additionally, clinical/medical necessity has not been established for the requested surgical procedure. Therefore, this request for plastic surgery for removal of excess skin post gastric bypass is not medically necessary.