

Case Number:	CM14-0196484		
Date Assigned:	12/04/2014	Date of Injury:	04/21/2014
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic Surgery, 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 patient is a 61-year-old female who has submitted a claim for right knee internal derangement/arthritis and right wrist sprain / strain associated with an industrial injury date of April 21, 2014. Medical records from 2014 were reviewed. The patient complained of right wrist pain worse with movement and described as deep and achy radiating to the forearm. Progress report from October 21, 2014 cited that the patient discontinued intake of Norco. The patient also complained of right knee pain associated with crepitation. Physical examination of the right wrist showed tenderness, crepitus, painful range of motion, and positive Foveal sign. Examination of the right knee showed limited motion, medial and lateral joint line tenderness, positive varus and valgus stress tests, and absence of instability. Treatment to date has included 24 sessions of physical therapy, splinting and medications. The utilization review from November 4, 2014 denied the requests for Norco 7.5/325 mg one to two per mouth every 4 to 6 hours p.r.n. and #50, vitamin C 500 mg one per mouth every day #60, and Colace 100 mg one capsule per mouth b.i.d. #10. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg 1-2 by mouth every 4-6 hrs # 50: 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.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the initial date of Norco prescription is unclear based on the documents submitted. Moreover, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, progress report from October 21, 2014 cited that the patient discontinued intake of Norco. There is no documented plan concerning post-operative use of Norco as mentioned in the request. Therefore, the request for associated surgical services: Norco 7.5/325 mg 1-2 by mouth every 4-6 hrs # 50 is not medically necessary.

Vitamin C 500 mg one by mouth everyday # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/vitamin-c-deficiency>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Vitamin C)

Decision rationale: CA MTUS does not specifically address vitamin C. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the US Food and Drug Administration was used instead. Vitamin C is needed for the growth and repair of tissues in all parts of the body and is used to heal wounds and form scar tissue. The best way to get the daily requirement of essential vitamins, including vitamin C, is to eat a balanced diet that contains a variety of foods. For adults, recommended adequate intake is 90 mg/day. In this case, there is no documented plan concerning post-operative use of vitamin C as mentioned in the request. A clear indication for the request is lacking in the medical records submitted for review. Therefore, the request for associated surgical services: Vitamin C 500 mg one by mouth everyday # 60 is not medically necessary.

Colace 100 mg one capsule by mouth twice a day # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient is on opioid therapy hence the request for Colace. However, progress report from October 21, 2014 cited that the patient discontinued intake of Norco. There is no documented plan concerning post-operative opioid use to warrant prescription of a stool softener. A clear indication for the request is lacking in the medical records submitted for review. Therefore, the request for associated surgical services: Colace 100 mg one capsule by mouth twice a day # 10 is not medically necessary.