

Case Number:	CM15-0002202		
Date Assigned:	01/13/2015	Date of Injury:	07/09/1984
Decision Date:	04/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 on 07/09/1984. The mechanism of injury was not stated. The current diagnoses include right posterior meniscus tear, left medial meniscus tear, neural foraminal narrowing at L4-S1, anxiety reaction, sleep disorder, and hypertension. The latest physician progress report submitted for this review was documented on 06/25/2013. The injured worker presented for a follow up visit. The injured worker reported an improvement in symptoms with the use of pain medication. Upon examination, there was paravertebral muscle tenderness, spasm, restricted range of motion, positive straight leg raising bilaterally, and reduced sensation in the bilateral L5 dermatomal distributions. There was a positive McMurray's sign and joint line tenderness to palpation of the bilateral knees. Ambien was discontinued. The injured worker was instructed to return for a followup visit in 4 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no indication that this injured worker was currently utilizing this medication. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was no evidence of a failure of nonopioid analgesics. The medical necessity for the requested medication has not been established. There was also no frequency listed in the requested. As such, the request is not medically appropriate.

Orphenadrine ER 100mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for the short treatment of acute exacerbations. The medical necessity for the requested medication has not been established. Guidelines do not recommend long term use of muscle relaxants. Therefore, the current request for 2 refills is not medically appropriate.

Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia for 7 to 10 days. There was no documentation of a failure of nonpharmacological treatment prior to the initiation of a prescription product. Additionally, the injured worker does not maintain a diagnosis of insomnia. The medical necessity has not been established in this case. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Internal medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guidelines Centre.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no mention of a significant abnormality that would support the necessity for an internal medicine consult. The medical rationale for the referral to internal medicine was not provided within the documentation. As such, the request is not medically appropriate at this time.