

Case Number:	CM15-0008612		
Date Assigned:	01/26/2015	Date of Injury:	05/14/2011
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who reported an injury on 01/13/2014 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her left knee and lumbar spine. The injured worker's treatment history included corticosteroid injections, physical therapy, epidural steroid injections, and surgical intervention to the knee and lumbar spine. The injured worker's chronic pain was managed with multiple medications to include Norco 10/325 mg and Motrin 600 mg. The injured worker was evaluated on 12/18/2014. It was documented that the injured worker's diagnoses included left knee post-traumatic medial compartment osteoarthritis, compensatory right knee pain and chronic strain, and chronic lumbar strain with disc herniation. The injured worker's physical findings included tenderness to palpation over the lateral and posterior compartments of the left knee with range of motion described as full flexion and -10 degrees in extension. It was noted that the injured worker ambulated with a normal gait pattern. It was noted that the injured worker's pain was rated at a 6/10 to 7/10 and was alleviated with medications. The clinical documentation indicated that the patient was monitored for aberrant behavior with urine drug screens. The injured worker's treatment plan included a refill of medications and physical therapy. A Request for Authorization form was submitted on 12/15/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90, no refill: Upheld

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

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

Decision rationale: The requested Norco 10/325 mg #90 with no refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker is monitored with urine drug screens. However, there was no documentation of an adequate pain assessment or that the injured worker has an increase function due to medication usage. As the injured worker has been on this medication since at least 07/2014, effective pain relief and functional increases should be documented. Furthermore, the request as it submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #90 with no refills is not medically necessary or appropriate.

Pepcid 20mg, #60, no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68.

Decision rationale: The requested Pepcid 20 mg #60 with no refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants be supported by documented risk factors for gastrointestinal events related to medication usage. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Pepcid 20 mg #60 with no refills is not medically necessary or appropriate.

Physical Therapy, Left knee 2 times a week for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy for the left knee, 2 times a week for 6 weeks for a total of 12 sessions, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for myofascial and neuropathic pain. The request exceeds this recommendation. There were no exceptional factors noted to support extending treatment beyond guideline recommendations. Additionally, due to the age of the injury, the injured worker should be well versed in a home exercise program. There were no factors to preclude further progress of the patient while participating in a home exercise program. As such, the requested physical therapy for the left knee, 2 times a week for 6 weeks for a total of 12 sessions, is not medically necessary or appropriate.