

Case Number:	CM15-0107921		
Date Assigned:	06/12/2015	Date of Injury:	06/27/2010
Decision Date:	08/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female, with a reported date of injury of 06/27/2010. The diagnoses include right knee contusion, status post right knee surgery times three, right knee degenerative joint disease, right knee posterolateral instability, lumbar spine sprain/strain, right fibular head avulsion fracture with LCL (lateral collateral ligament) rupture, antalgic gait, gastritis, and sleep disturbance. Treatments to date have included an MRI of the low back which showed degenerative disc disease at L5-S1 and disc herniation with spinal canal stenosis at L4-5 and L5-S1; pain management; twelve chiropractic sessions; six acupuncture sessions; twenty-four physical therapy sessions; oral medications; back support, and knee brace. The progress report dated 03/18/2015 indicates that the injured worker had lumbar spine pain with radiation of pain and tingling to the right lower extremity. The pain was rated 5 out of 10. It was noted that the therapy sessions provided mild relief in symptoms. It was also noted that the medications were helpful, and would be refilled. There was no change in functional status since the last examination. The objective findings include mild distress, difficulty with rising from sitting, an erect posture, and stiff movement. The progress report dated 04/23/2015 indicates that the injured worker had lumbar spine pain, rated 5 out of 10, and right knee pain, rated 5 out of 10. It was noted that the medications remained helpful, and would be refilled. The side effects of the medications were discussed. The physical examination showed mild distress, difficulty with rising from sitting, an erect posture, movement with stiffness, tenderness of the bilateral lumbar/sacral spine, and decreased right knee range of motion with pain and weakness. It was also noted that the injured worker was taking her medications as prescribed, the medications were helping with pain, and there were no adverse effects. The treating physician requested Norco 5/325mg #60, Prilosec 20mg #30, Naproxen 550mg #60, and transportation to and from medical visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it should be noted that the NSAID has been determined to be not medically necessary and another indication for this medication has not been identified. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72 of 127.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in

patients with moderate to severe pain. Within the documentation available for review, there is no indication that naproxen is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

Transportation to and from medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California: Nonemergency Medical Transportation http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm.

Decision rationale: Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation is not medically necessary.