

Case Number:	CM15-0012185		
Date Assigned:	01/29/2015	Date of Injury:	03/09/2009
Decision Date:	04/07/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 58-year-old man sustained an industrial injury on 3/9/2009. The mechanism of injury is not detailed. Treatment has included oral medications, physical therapy, chiropractic treatment, acupuncture, cane, walker, and eye glasses. Physician notes on a PR-2 dated 11/19/2014 show no new complaints. Recommendations include to keep the current medication regimen. No further detail is provided. On 12/23/2014, Utilization Review evaluated prescriptions for Norco 10/325mg #90, Motrin 800 mg twice daily 360, and Restasis Eye drops #1, that were submitted on 1/14/2015. The UR physician noted the following: regarding Norco, there was lack of documentation of efficacy, adverse events, functional improvement, and potential for abuse. Regarding Motrin, there was no indication or documentation of a failed trial of acetaminophen. Regarding Restasis, the worker's cause of dry eyes is not documented. Restasis is recommended for dry eyes due to Sjogren's Syndrome. The MTUS, ACOEM Guidelines, (or ODG) as well as Non-MTUS or ACOEM Guidelines were cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90, as prescribed on 12/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 3/9/2009. The medical records provided indicate the diagnosis of carpal tunnel syndrome; Lumbago, and Spinal Stenosis of lumbar region. Treatments have included oral medications, physical therapy, chiropractic treatment, acupuncture, cane, walker. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #90, as prescribed on 12/12/14. The records indicate the injured worker has remained temporarily totally disabled, the pain has remained severe with no evidence of improvement despite treatment. There is no evidence the injured worker is being monitored for activities of daily living, aberrant behavior or adverse effects of drugs. The MTUS recommends discontinuation of opioids if there is no overall improvement in pain and function. The MTUS recommends individuals on maintenance treatment with opioids be monitored for pain control, activities of daily living, adverse reaction and aberrant behavior.

Motrin 800mg bid #60, as prescribed on 12/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 3/9/2009. The medical records provided indicate the diagnosis of carpal tunnel syndrome; Lumbago, Spinal Stenosis of lumbar region. Treatments have included oral medications, physical therapy, chiropractic treatment, acupuncture, cane, walker, and eye glasses. The medical records provided for review do not indicate a medical necessity for Motrin 800mg bid #60, as prescribed on 12/12/14. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. For Ibuprofen, the MTUS states that doses greater than 400mg have not provided greater relief of pain, this more important as the injured worker is reported to suffer from gastritis.

Restasis Eye Drops #1, as prescribed on 12/12/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699789/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.restasis.com/>.

Decision rationale: The injured worker sustained a work related injury on 3/9/2009. The medical records provided indicate the diagnosis of carpal tunnel syndrome; Lumbago, Spinal Stenosis of lumbar region. Treatments have included oral medications, physical therapy, chiropractic treatment, acupuncture, cane, walker, and eye glasses. The medical records provided for review do not indicate a medical necessity for Restasis Eye Drops #1, as prescribed on 12/12/14. The MTUS is silent on this, but the manufacturer states that it helps increase the eyes natural ability to produce tears, which may be reduced by inflammation due to Chronic Dry Eye.