

Case Number:	CM15-0146322		
Date Assigned:	08/07/2015	Date of Injury:	01/24/2011
Decision Date:	09/22/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii
 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 55 year old male, who sustained an industrial injury on 01-24-2011. On provider visit dated 06-26-2015 the injured worker has reported bilateral shoulder pain, knee pain and right wrist pain. Objective findings revealed limited information. The diagnoses have included cervical spine sprain-strain, degenerative disc disease and lumbar spine sprain-strain. Treatment to date has included physical therapy, medication and injections. The provider requested general surgery consult for left inguinal hernia, vascular consult for varicose veins, Norco and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

General surgery consult for left inguinal hernia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with umbilical hernia, left inguinal hernia, high blood pressure, diabetes, left shoulder pain, right knee pain, left knee pain, cervical pain and lumbar pain. The current request is for General surgery consult for left inguinal hernia. The treating physician report dated 5/13/15 (8b) states, "I am requesting an AOE/COE evaluation with a general surgeon regarding left inguinal hernia. On September 25, 2014, [REDACTED] hernia specialist advised surgery on umbilical and left inguinal hernia". The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including surgery may be required. The current request is medically necessary.

Vascular consult for varicose veins: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with umbilical hernia, left inguinal hernia, high blood pressure, diabetes, left shoulder pain, right knee pain, left knee pain, cervical pain and lumbar pain. The current request is for Vascular consult for varicose veins. The treating physician report dated 5/13/15 states that the patient had a varicose vein evaluation with [REDACTED] on 5/12/15 and that the report is not available yet. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is not supported by the ACOEM guidelines for specialty referral because the patient had just had a consult the day before the current request. The current request is not medically necessary.

Norco 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76-78.

Decision rationale: The patient presents with umbilical hernia, left inguinal hernia, high blood pressure, diabetes, left shoulder pain, right knee pain, left knee pain, cervical pain and lumbar pain. The current request is for Norco 10 mg #60 with 2 refills. The treating physician states, "I prescribed Norco 10 mg bid, #60 as well as Norflex 100mg qhs #30. There is no documentation that the patient had previously been prescribed Norco. The MTUS Guidelines page 76 to 78

under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc." MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, the treating physician has simply stated that the medication is being prescribed and 2 refills were prescribed. MTUS requires monitoring of initial trials of opioids and with documentation of functional improvement and pain reduction the medication may be continued. The current request is not medically necessary as 2 refills are not supported by MTUS without appropriate medical documentation and therefore is not medically necessary.

Norflex 100mg #30 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with umbilical hernia, left inguinal hernia, high blood pressure, diabetes, left shoulder pain, right knee pain, left knee pain, cervical pain and lumbar pain. The current request is for Norflex 100mg #30 with 2 refills. The treating physician prescribed this muscle relaxant and indicated that the patient was instructed with driving precautions. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement". A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. In this case, the treating physician has prescribed muscle relaxants for long term usage, which is not supported by MTUS. The current request is not medically necessary.