

Case Number:	CM15-0182255		
Date Assigned:	09/23/2015	Date of Injury:	11/10/2011
Decision Date:	10/28/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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, Massachusetts

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:

The injured worker is a 71 year old female, who sustained an industrial injury on 11-10- 2011. The injured worker is being treated for left knee moderate to severe osteoarthropathy and medial meniscus tear, right elbow pain, right median neuropathy, calcific tendinitis-tendinopathy right shoulder and adhesive capsulitis right shoulder. Treatment to date has included right shoulder surgery (2013), remote left knee meniscectomy, medications, and extracorporeal shockwave therapy (ESWT). Per the Primary Treating Physician's Progress Report dated 8-10- 2015 the injured worker reported 9 out of 10 left knee pain, 8 out of 10 right shoulder pain, and 5 out of 10 cervical and right wrist and hand pain. Medication at current dosing facilitates maintenance of ADLs. Objective findings included tenderness of the left knee with crepitus and limited range of motion with pain. There was tenderness to the right shoulder with markedly limited range of motion due to pain. On 2-2-2015 the injured worker reported 8 out of 10 left knee pain, worsening, 5 out of 10 right shoulder pain, and 5 out of 10 right wrist and hand pain. On 7-06-2015 she reported 8 out of 10 left knee pain, worsening, 8 out of 10 right shoulder pain, increasing, and 5 out of 10 right wrist and hand pain. The plan of care on 8-10-2015 included 3 sessions of ESWT, medications and knee surgery. Authorization was requested for Norco 7.5-325mg #60 (DOS 8-10-2015) and Keflex 500mg #28 (DOS 8-10-2015). On 9-14-2015, Utilization Review non-certified the request for Norco 7.5-325mg #60 (DOS 8-10-2015) and Keflex 500mg #28 (DOS 8-10-2015) citing lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60 (dispensed 8/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not medically necessary.

Keflex 500mg #28 (dispensed 8/10/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009528/.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: The IW reports continued chronic left knee as well as right shoulder, wrist and hand pain. The pain is significant however from the medical records reviewed there are no signs or symptoms of active infection related to the industrial injury that is causing the IW's pain. Consequently keflex does not appear to be medically necessary to treat the pain related to the industrial injury. The request is not medically necessary.