

Case Number:	CM15-0184313		
Date Assigned:	09/24/2015	Date of Injury:	08/28/1998
Decision Date:	11/24/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: New York, California

Certification(s)/Specialty: Emergency 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 55 year old female, who sustained an industrial injury on 8-28-98. The injured worker is undergoing treatment for traumatic left knee chondromalacia, left knee meniscectomy, left shoulder impingement syndrome, subacromial bursitis, cervical strain, left upper extremity radiculopathy and left knee anterior cruciate ligament (ACL) tear, lumbar degenerative joint disease (DJD) and medial meniscus tear. Medical records dated 7-2-15 indicate the injured worker complains of increasing headaches, neck pain radiating to the shoulder, left shoulder and left knee pain. She reports pain is rated 10 out of 10 without medication (5-27-15 8 out of 10) and 5 out of 10 with medication. Physical exam dated 7-2-15 notes decreased painful cervical range of motion (ROM) with tenderness to palpation and decreased sensation. There is left shoulder positive impingement and painful decreased range of motion (ROM). There is left knee tenderness to palpation, decreased range of motion (ROM), positive anterior drawer maneuver and Lachman and positive crepitus and Apley grind. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, multiple knee surgeries, physical therapy, and psychiatric treatment, Norco since at least 1-13-15, Topamax, Flexeril and Xanax. The original utilization review dated 8-18-15 indicates the request for Ativan 1mg #30, Prilosec 20mg #60, Anaprox 550mg #60 and Norco 10-325mg #120 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, #30: 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): Benzodiazepines.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking a benzodiazepine for a minimum of 6 months. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. Additionally, the request does not include dosing or frequency. The request for Ativan is not medically necessary.

Prilosec 20mg, #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Ranitidine is not medically necessary based on the MTUS.

Anaprox 550mg, #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The IW is on several medications to mitigate pain. No reports provide an assessment of the specific results of using any of these medications, including Anaprox. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The treating physician is

giving this patient excessive doses of naproxen, more than recommended by the MTUS and the manufacturer. 550 mg naproxen should not be taken more than bid, yet #100 are dispensed monthly. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Norco 10/325mg, #120: 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, specific drug list, Opioids for chronic pain.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. There is no discussion of pain relief specific to the use of this narcotic. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. Without the support of the records or the Ca MTUS guidelines, the request for opiate analgesia is not medically necessary.