

Case Number:	CM15-0189372		
Date Assigned:	10/01/2015	Date of Injury:	04/15/1997
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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 62 year old, male who sustained a work related injury on 4-15-97. A review of the medical records shows he is being treated for neck, bilateral knee and right groin pain. Current medications include Lidoderm patches, Ibuprofen, Ambien and Norco. He has been taking Norco since about 3-2015. There is insufficient documentation of how this medication is working for him in relieving his pain or how he is improving with functional capabilities. In the Doctor's First Report of Occupational Injury or Illness, the injured worker reports intermittent pain in his right groin. The pain is moderate with excessive walking and sitting. On physical exam dated 9-10-15, he has a non-tender reducible small left inguinal hernia. He has tenderness in right groin. In a progress note dated 9-3-15, he has neck and knee pain. He has mild upper trapezius tenderness and spasms. He has decreased cervical range of motion. He is working modified duty. The treatment plan includes a left inguinal hernia repair in 9-10-15 progress note. In progress note dated 9-3-15, the treatment plan is for a refill of Norco and a Synvisc injection. In the Utilization Review dated 9-18-15, the requested treatments of Keflex 500mg. #4 and Percocet 5-325mg. #24 with refills are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #24 with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Percocet 5/325mg #24 with refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has intermittent pain in his right groin. The pain is moderate with excessive walking and sitting. On physical exam dated 9-10-15, he has a non-tender reducible small left inguinal hernia. He has tenderness in right groin. In a progress note dated 9-3-15, he has neck and knee pain. He has mild upper trapezius tenderness and spasms. He has decreased cervical range of motion. He is working modified duty. The treatment plan includes a left inguinal hernia repair in 9-10-15 progress note. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 5/325mg #24 with refills is not medically necessary.

Keflex 500mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Keflex 500mg #4 is not medically necessary. CA MTUS and ODG are silent on this antibiotic, which is recommended for certain infections, per <http://www.drugs.com/keflex.html>, the injured worker has intermittent pain in his right groin. The pain is moderate with excessive walking and sitting. On physical exam dated 9-10-15, he has a non tender reducible small left inguinal hernia. He has tenderness in right groin. In a progress note dated 9-3-15, he has neck and knee pain. He has mild upper trapezius tenderness and spasms. He has decreased cervical range of motion. He is working modified duty. The treatment plan includes a left inguinal hernia repair in 9-10-15 progress note. The treating physician has not documented the medical necessity for this antibiotic. The criteria noted above not having been met, Keflex 500mg #4 is not medically necessary.