

Case Number:	CM15-0020285		
Date Assigned:	02/09/2015	Date of Injury:	08/10/2012
Decision Date:	04/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male who reported an injury on 08/10/2012. The mechanism of injury was not provided. The documentation of 12/15/2014 revealed the injured worker had a left knee arthroscopy with meniscectomy and osteotomy with fixation of the lateral tibial plateau on 06/25/2013. The injured worker was in the office for a follow-up of the left knee and left shoulder. The injured worker indicated he had a pounding sensation in his left lower extremity. Without medications, the VAS was 9/10, but with medications, it was 7/10. The current medications included tramadol, naproxen sodium, and omeprazole. The injured worker had tenderness in the left shoulder diffusely. The injured worker had a positive Hawkins sign, Speed's test, Yergason's test, and Neer's test. The apprehension sign was positive on testing the shoulder and external rotation and 90 degrees of abduction. The injured worker had tenderness at the surgical site of the left knee and the IT band and lateral hamstring insertion pool. The diagnoses included fracture tibial plateau lateral and medial, adhesive capsulitis and impingement syndrome. Treatment plan included a continuation of the medications including Norflex 100 mg, gabapentin 600 mg and Norco 10/325 mg as well as Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement and objective decrease in pain and there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medications. Given the above, the request for Norco 10/325MG #180 is not medically necessary.

Norflex 100MG #90: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norflex 100MG #90 is not medically necessary.

Voltaren 75MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The

clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. Given the above, the request for Voltaren 75 mg #60 is not medically necessary.

Gabapentin 600MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to indicate the injured worker had 30% to 50% objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 600 mg #60 is not medically necessary.