MAXIMUS Federal Services

Case Number:	CM15-0026557		
Date Assigned:	02/18/2015	Date of Injury:	02/12/1999
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 64-year-old female, who sustained a work related injury on 2/12/99. The diagnosis has included bilateral knee degenerative arthritis. Treatments to date have included x-rays of knees, oral medications including Roxicodone, Lodine, Moxxor and Ibuprofen, Lidoderm patches, intrarticular cortisone injections, viscosupplementation, multiple arthroscopies of knees and home exercises. In the PR-2 dated 12/2/14, the injured worker complains of progressive pain and stiffness in bilateral knees. She uses a cane or walker for ambulation. She has some decreased range of motion in both knees. She has swelling in knees. She has some tenderness to palpation of knees. On 1/26/15, Utilization Review non-certified a Roxicodone, Lodine, Moxxor and Ibuprofen. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67-70, 22, 74, 35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with bilateral knee pain with stiffness. The current request is for ROXICODONE. There is no Request for Authorization (RFA) provided in the medical file. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been using Roxicodone since 1/31/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Lodine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67-70, 22, 74, 35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with bilateral knee pain with stiffness. The current request is for LODINE. There is no Request for Authorization (RFA) provided in the medical file. For antinflammatory medication, the MTUS Guidelines page 22 states anti-inflammatories are the traditional line of treatment to reduce pain so activity of functional restoration can resume, but long term use may not be warranted. MTUS further states on page 60 that for medications for chronic pain, pain assessment, and functional level should be documented as related to medication use. In this case, 6 months of progress reports were reviewed and none discuss efficacy with Lodine. Without documentation of pain and function, continued use of medication is not recommended. This request IS NOT medically necessary.

Moxxor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67-70, 22, 74, 35.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manufactor website:

http://corporate.moxxor.com/productOfficial disability guidelines pain chapter, regarding medical foods.

Decision rationale: This patient presents with bilateral knee pain with stiffness. The current request is for MOXXOR. There is no Request for Authorization (RFA) provided in the medical file. The ACOEM, ODG and MTUS guidelines do not discuss Moxxor. According to http://corporate.moxxor.com/product "MOXXOR Omega-3 is a pure & natural supplement from New Zealand, which contains 3 ingredients; Greenlip Mussel Oil (Omega-3) Kiwifruit Seed Oil (Vitamin E) Sauvignon Blanc Grape Seed Oil. The 3 ingredients are encapsulated in a small capsule made from natural bovine gelatin." Moxxor is a supplement and it is not FDA approved to treat any medical condition and cannot be considered a medical treatment for the patient's chronic pain. It does not fit the Labor Code 4610.5(2) definition of medical necessity."Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury. The ODG Guidelines under its pain chapter has the following regarding medical foods, "A food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation." The treating physician provides no discussion as to what condition requires this nutritional supplement. This request IS NOT medically necessary.

Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67-70, 22, 74, 35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: This patient presents with bilateral knee pain with stiffness. The current request is for IBUPROFEN. There is no Request for Authorization (RFA) provided in the medical file. For anti-inflammatory medication, the MTUS Guidelines page 22 states anti-inflammatories are the traditional line of treatment to reduce pain so activity of functional restoration can resume, but long term use may not be warranted. MTUS further states on page 60 that for medications for chronic pain, pain assessment, and functional level should be documented as related to medication use. In this case, 6 months of progress reports were reviewed and none discuss efficacy with Ibuprofen. Without documentation of pain and function, continued use of medication is not recommended. This request IS NOT medically necessary.