MAXIMUS Federal Services

Case Number:	CM15-0210810		
Date Assigned:	10/29/2015	Date of Injury:	09/28/2013
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, Florida, California
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 41 year old female who sustained an industrial injury 09-28-13. A review of the medical records reveals the injured worker is undergoing treatment for persistent lumbar spine sprain-strain, left hip sprain-strain, left knee sprain-strain with degenerative meniscus, and status post left ankle surgery with chronic pain. Medical records (09-30-15) reveal the injured worker complains of "persistent symptomatology." The physical exam (09-30-15) reveals limited range of motion of the lumbar spine, paraspinal musculature tenderness, as well as left knee joint line tenderness and left ankle tenderness. Motor strength is 4/5 in the left lower extremity. Prior treatment includes left ankle surgery (08-20-14), a walking boot, crutches, modified duty, home exercise program, left hip injections, and medications including Norco. The original utilization review (10-14-15) non certified the requests for Norco 10/325 #60 and an orthopedic evaluate and treat. The documentation supports that the injured worker has been on Norco since at least 02-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase Norco 10/325 mg #60 no refills: Upheld

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

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

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, the patient was injured two years ago. The patient has been on opiates since at least February, without documentation of objective functional benefit out of the medicine. It is not clearly evident these key MTUS opiate criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement when compared to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the requested treatment is not medically necessary.

Outpatient orthopedic knee and evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd edition Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: ACOEM Guidelines, Chapter 7, page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, although there is pain, there is no evidence of an orthopedic surgical lesion, and therefore why an orthopedic surgeon is needed on this case. Further, without knowing if there are orthopedic surgical issues, it is not clear how orthopedic treatment would be a reasonable request. Further, this request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, casual relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified. Therefore, the requested treatment is not medically necessary.