MAXIMUS Federal Services

Case Number:	CM15-0031115		
Date Assigned:	02/24/2015	Date of Injury:	05/16/1996
Decision Date:	05/19/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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 56-year-old female who sustained a work related injury on May 16, 1996, where she incurred an injury to both knees. Diagnoses include bilateral knee sprain with degenerative joint disease and chronic bilateral knee pain. Prior treatment included physical therapy, electro therapy and pain medications. She also underwent bilateral knee surgeries. The injured worker presented on 12/24/2014 for a follow-up evaluation. The injured worker was status post bilateral knee surgery. H-wave stimulation has been effective, as well as the current pain medication regimen. The injured worker had a consistent urine drug screen in 10/2014. Upon examination, there was an inability to perform heal to toe and toe to heal walking. There was tenderness to palpation over the lumbosacral region, limited lumbar range of motion, a surgical scar over the bilateral knees, intact sensation, positive straight leg raise, weakness in the bilateral lower extremities, and positive Patrick's maneuver. There was also bilateral edema noted in the feet. Recommendations included a refill of the current medication regimen. The provider indicated that he would like to wean the injured worker from medication and may recommend a functional restoration program, as well as Suboxone. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS ER 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate, Morphine Sulfate ER, CR (Avinza, Kadian, MS Contin, Oramorph SR; Generic Available, Except Extended Release Capsules).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. In addition, there is no frequency listed in the request. As such, the request is not medically appropriate

Norco 10/325mg #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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. In addition, there is no frequency listed in the request. As such, the request is not medically appropriate

Prozac 40mg #30: 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 Page(s): 107.

Decision rationale: California MTUS Guidelines do not recommend SSRIs as a treatment for chronic pain. SSRIs may have a role in treating secondary depression. The injured worker does not maintain a diagnosis of depression. The medical necessity for the ongoing use of Prozac 40 mg has not been established. There is also no frequency listed in the request. Therefore, the request is not medically appropriate at this time.

Elavil 100mg #30: 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 Page(s): 13-16.

Decision rationale: California MTUS Guidelines recommend amitriptyline for neuropathic pain. In this case, the injured worker has continuously utilized the above medication without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.