

Case Number:	CM15-0037654		
Date Assigned:	03/06/2015	Date of Injury:	08/14/2013
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 8/14/13. He has reported low back and right knee pain. The diagnoses have included lumbago, low back pain, lumbar/thoracic radiculitis, cervical, thoracic or lumbar facet arthropathy and knee joint pain. Treatment to date has included physical therapy, activity restrictions, medications including Norco and Flurbiprofen/Capsaicin cream. Currently, the injured worker complains of low back pain with radiating down both legs, legs are weak when standing, increased pain in right knee and more frequent headaches. Physical exam noted lumbar spine tenderness at facet joint with decreased extension, flexion and lateral bending and right knee crepitus and tender joint line. It is noted medications did not significantly reduce the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of atenolol 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes, Hypertension treatment.

Decision rationale: CA MTUS is silent on issue of antihypertensive treatments. ODG references JNC 8 guidelines for treatment of hypertension. First line treatments include ACE-I, ARB, calcium channel blockers, thiazide diuretics and beta blockers. While it is true that the JNC guidelines generally describe beta blockers such as atenolol as the "fourth addition" within first line therapy, it is important to not that achieving and maintaining adequate blood pressure control is the primary goal of treatment. The medical records in this case indicate that blood pressure is well controlled with atenolol and its ongoing use is medically indicated.

180 tablets of norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

Flurbiprofen 25%, Capsaicin 0.0275% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. There is no documentation of failure of either of these agents. Flurbiprofen/capsaicin cream is not medically indicated.