

Case Number:	CM15-0046172		
Date Assigned:	03/18/2015	Date of Injury:	04/07/2013
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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, 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:

This 46 year old male sustained an industrial injury to the right knee, wrist and shoulder on 4/7/13. Previous treatment included right knee surgery, physical therapy, magnetic resonance imaging, electromyography/nerve conduction velocity test, right knee brace and medications. In a PR-2 dated 2/9/15, the injured worker complained of right knee pain. The injured worker had brought in a dual hinge unloader knee brace and was requesting something less bulky. Physical exam was remarkable for right knee with full extension and good flexion greater than 120 degrees. The physician noted that the brace was in good condition. Current diagnoses included rotator cuff syndrome, superior glenoid labrum lesion, knee osteoarthritis and carpal tunnel syndrome. The treatment plan included a single hinge unloader brace, Norco 10mg and Motrin 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One single hinge unloader brace (code L1843): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Unloader Brace.

Decision rationale: Regarding the request for unloader brace, Occupational Medicine Practice Guidelines do not contain criteria for the use of unloader braces. ODG guidelines state that unloader braces are designed specifically to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee. Within the documentation available for review, it appears the patient already has one unloader brace. It is understood, that he feels the current brace is too bulky. However, there is no discussion regarding how often the patient has used his current unloader brace, and whether it has resulted in analgesic benefit, objective functional improvement or reduced medication use. Additionally, it is unclear why the patient is dissatisfied with the bulk of the current brace, and whether a new single hinge brace will be sufficient to address his concerns. In the absence of clarity regarding those issues, the current request for a single hinge unloader brace is not medically necessary.

Norco 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Motrin 800mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin (ibuprofen) is not medically necessary.