

Case Number:	CM15-0051288		
Date Assigned:	03/24/2015	Date of Injury:	06/07/2003
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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, Washington

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:

The injured worker is a 62-year-old male who reported an injury on 06/07/2003 due to an unspecified mechanism of injury. On 02/10/2015 he presented for an evaluation regarding his left knee and right wrist pain. It was stated he had access to a TENS unit but was requesting more pads. He was minimizing chores and walking was limited to 15 minutes due to his right knee pain. It was stated that he had undergone injections into his hand with some improvement and continued to have limitations with pushing, pulling, lift, squatting, and forceful work. On examination he had full extension at the knee on the left and flexion was to 110 degrees. He had obvious effusion with regard to the wrist and no motion on the right. He had a prominence along the plate along the metacarpal which was caused medically not repealed at all. He stated that he would like to have that removed as well. He was diagnosed with osteoarthritis along the knee on the left, wrist joint arthritis on the right, Stenosing tenosynovitis along the ring finger on the right. Status post 2 injections, chronic pain and inactivity. The treatment plan was for the injured worker to continue his medications. His medications included Norco 325 mg, Nalfon, Tramadol ER 150 mg, Protonix 20 mg, and trazodone 50 mg. He was also utilizing LidoPro cream. It was recommended the injured worker obtain a larger TENS unit garment due to his chronic pain. A drug screen dated 12/08/2014 showed negative for all medications and also showed positive for marijuana metabolite.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation submitted for review does not show the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, the injured worker's most recent urine drug showed negative for all medications except for marijuana. This would not be consistent with his medication regimen; and therefore, the request would not be supported. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Nalfon #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term treatment of osteoarthritis and tendonitis of the knee and for low back pain. The documentation provided fails to show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support continuing its use. It is also unclear how long he has been using this medication for treatment and without this information, continuing would not be supported as it only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Tramadol extended release 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation submitted for review does not show the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, the injured worker's most recent urine drug showed negative for all medications except for marijuana. This would not be consistent with his medication regimen; and therefore, the request would not be supported. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Protonix 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI Risks Page(s): 68-69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of the dyspepsia secondary NSAID therapy and for those at high risk for gastrointestinal events due to NSAID therapy. The documentation submitted does not indicate that the injured worker was at high risk for gastrointestinal events due to his medications or that he had dyspepsia secondary to NSAID therapy to support this request. Also, the frequency of medication was not stated within the request. Therefore, the request is not supported. As such the request is not medically necessary.

LidoPro cream 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use and primarily recommended for neuropathic pain in trials when antidepressants and anticonvulsants have failed. The documentation submitted fails to show that the injured worker had a diagnosis of neuropathic pain or that he was intolerant to oral medications to support the request for LidoPro cream. Also, the frequency of the medication was not stated within the request and the efficacy of the LidoPro cream was not demonstrated within the provided documentation. Therefore, the request is not supported. As such, the request is not medically necessary.

Muscle stimulator-conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Page(s): 118, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: According to the California MTUS Guidelines documentation regarding how often TENS units have been used, as well as outcomes in terms of pain relief and an improvement in function, should be documented with the use of a TENS unit. If there is a need for form fitting TENS, there should also be documentation that there is such a large area that requires a form fitting unit. The documentation provided does not state a clear rationale for the medical necessity for a form fitting muscle stimulator conductive garment. Also, documentation regarding how often the injured worker has been using his TENS unit as well as outcomes with use in terms of a quantitative decrease in pain and effective improvement in function were not clearly documented within the report. Therefore, the request is not supported. As such, the request is not medically necessary.