

Case Number:	CM15-0066753		
Date Assigned:	04/14/2015	Date of Injury:	03/11/2006
Decision Date:	07/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 75 year old male sustained an industrial injury to bilateral knees on 10/18/99. The injured worker later developed lumbar spine sprain/strain secondary to altered gait. Previous treatment included magnetic resonance imaging, bilateral total knee replacements, trigger point injections and medications. In a pain management reevaluation dated 3/3/15 complained of ongoing low back and bilateral knee pain. The injured worker was requesting trigger point injections. The injured worker reported that previous trigger point injections provided two weeks of relief, enabling him to sleep better at night and keep his pain medications to a minimum. Current diagnoses included bilateral knee internal derangement status post bilateral total knee replacements, medication induced gastritis and lumbar spine sprain/strain. The injured worker received trigger point injections during the office visit. The treatment plan medication refills (Ultracet, Norco, Anaprox DS and Prilosec).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines state that opiate prescriptions should be from a single practitioner and all prescriptions from a single pharmacy. In this case, the patient is receiving opiates from two different physicians which is considered violation of the pain contract and aberrant drug seeking behavior. The request for hydrocodone 5/325 mg #30 is not medically appropriate and necessary.

Right L4-L5 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, the patient is receiving opiates from two different prescribing physicians which indicates no reduction in pain medication use. The request for right L4-5 lumbar epidural steroid injection is not medically appropriate and necessary.

Tizanidine 4mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the patient has been on tizanidine for a period of time which exceeds guideline recommendations. The request for tizanidine 4 mg #90 with 2 refills is not medically appropriate and necessary.

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines state that opiate prescriptions should be from a single practitioner and all prescriptions from a single pharmacy. In this case, the patient is receiving opiates from two different physicians which is considered violation of the pain contract and aberrant drug seeking behavior. The request for hydrocodone 10/325 mg #45 is not medically appropriate and necessary.

Prilosec 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Prilosec; Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk Page(s): 68, 69.

Decision rationale: Guidelines recommend PPI for patients on NSAIDs who are at risk for GI events. In this case, the patient was experiencing GI upset from norco and is not on any NSAIDs. Since Norco is not medically appropriate and necessary and since the patient is not at increased risk for GI events, the request for Prilosec 200 mg #60 is not medically appropriate and necessary.