MAXIMUS Federal Services

Case Number:	CM15-0069453		
Date Assigned:	04/20/2015	Date of Injury:	02/17/2011
Decision Date:	07/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 65 year old male who sustained an industrial injury on 02/17/2011. The injured worker was diagnosed with traumatic left amputation, lumbar spine sprain/strain, cervical spine sprain/strain, fracture of the right leg and right knee sprain/strain with internal derangement. Treatment to date includes diagnostic testing, surgery, physical therapy, medications, prosthetic device, electronic hoist and electric wheelchair. The injured worker is status post fracture of the right leg, left total knee replacement with secondary staph infection followed by left above the knee amputation. According to the primary treating physician's progress report on March 19, 2015, the injured worker continues to experience cervical and low back pain of which the lower back pain is most severe. The injured worker rates the pain at a 10/10 and becoming worse. The injured worker describes his right knee pain as aching and stiff with numbness. He also has pain at the left stump site. The injured worker is wheelchair bound and unable to ambulate. Examination demonstrated decreased range of motion with spasms and guarding of the cervical and lower back. Current medications are listed as Motrin, Norco, Soma, TGIce (compound medication) and Zoloft. Treatment plan consists of continuing with the medication regimen, physical therapy consultation, home health assessment for home health aide, repair electric wheelchair, and the current request for Norco, Soma, Motrin, TGIce and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opiods to justify use per the guidelines. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. Norco is not medically necessary.

Soma 350 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-65.

Decision rationale: Per the guidelines, with muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The request is not medically necessary, as the records do not support medical necessity for soma.

TGIce: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical TGIce in this injured worker, the request is not medically necessary.

Unknown Transportation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

Decision rationale: This request is non-specific and the records are not sufficient to allow a real analysis. There are no details in the records as to how the injured worker has been transported to medical appointments in the past and he is mobile in his electric wheelchair. The medical necessity / rationale for transportation is not medically necessary.

Motrin 800 MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The request for Motrin is not medically necessary.