MAXIMUS Federal Services

Case Number:	CM15-0073045		
Date Assigned:	04/23/2015	Date of Injury:	10/09/1998
Decision Date:	09/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 63 year old female who sustained an industrial injury on 10/09/1998. She reported right -sided back pain radiating into the right leg, ongoing left shoulder pain, and bilateral knee pain. The injured worker was diagnosed as having infrapatellar bursitis, and knee cartilage tear. Treatment to date has included subacromial decompression, left shoulder with limited range of motion; history of right knee arthroscopy with posterior cruciate ligament tear with medial meniscal debridement; history of pes anserine bursitis right knee; history of left knee sprain/strain with degenerative joint disease; history of lumbar sprain/strain with degenerative disc disease with radicular symptoms in the right leg; history of left wrist fracture with removal of the hamate bone. She has received medications for pain, muscle spasms, inflammation, and dyspepsia. Currently, the injured worker complains of a flare-up of right sided back pain radiating into the right leg, ongoing left shoulder pain, and bilateral knee pain. The worker reports 50% reduction in pain, and 50% functional improvement with activities of daily living with medications versus not taking them at all. She rates her pain as an 8/10 and at best a 4/10 with medications versus a 10/10 when she does not take them at all. The requests for authorization made for Norco 10/325mg, #90; Tramadol 50mg #1200; Mobic 15mg #30; and Flexeril 10mg #60 were non-approved on 04/06/2015 citing MTUS Chronic Pain. The request for authorization for Glucosamine 1500mg #6 was non-approved citing Official Disability Guidelines (ODG), online version, http://www.odg-twc.com/ Knee & Leg (Acute and Chronic). The request for authorization for Aciphex 20mg #30 was non-approved, citing Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAID, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with other sedative agents. The utilization of multiple opioid medications and sedatives is associated with increased risk of opioid induced complications. The records indicate that the patient is utilizing multiple short acting opioids. There is documentation of significant pain relief and functional restoration. There is no report of aberrant behavior or non compliance. The criteria for the use of 1 opioid medication, Tramadol was met. The criteria for additional use of Norco 10/325mg #90 was not met. Therefore, the request is not medically necessary.

Glucosamine 1500mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version, http://www.odg-twc.com/ Knee & Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterKnee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that glucosamine can be utilized for the treatment of moderate to severe arthritic knee conditions. The records indicate that the patient had subjective, objective and radiological findings consistent with significant knee arthritis. The criteria for the use of glucosamine 1500mg #60 was met. Therefore, the request is medically necessary.

Tramadol 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAID, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with other sedative agents. The utilization of multiple opioid medications and sedatives is associated with increased risk of opioid induced complications. The records indicate that the patient is utilizing multiple short acting opioids. There is documentation of significant pain relief and functional restoration. There is no report of aberrant behavior or non compliance. The criteria for the use of 1 opioid medication, Tramadol 50mg #120 was met. The request is medically necessary.

Aciphex 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAID induced gastritis in high risk patients. The records show that this 63 year old patient with a history of dyspepsia is on chronic NSAIDs medications for the treatment of severe musculoskeletal pain. The criteria for the use of Aciphex 20mg #30 was met. The request is medically necessary.

Mobic 15mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT are not effective. The chronic use of muscle relaxants can lead to the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing opioids concurrently.

The criteria for the use of Flexeril 10mg #60 was not met. The request is not medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT are not effective. The chronic use of muscle relaxants can lead to the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing opioids concurrently. The criteria for the use of Flexeril 10mg #60 was not met.