

Case Number:	CM15-0081321		
Date Assigned:	05/05/2015	Date of Injury:	11/08/2014
Decision Date:	07/14/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/28/2015

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:

The injured worker is a 62 year old female who sustained an industrial injury on 11/08/2014. Current diagnosis includes sprain/strain knee and leg. Previous treatments included medication management, knee brace, and work modifications. Previous diagnostic studies include an MRI of the right knee and x-rays. Initial complaints included a pop in her right knee. Report dated 03/12/2015 noted that the injured worker presented with complaints that included continued right knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included Tylenol OTC, discontinue Naproxen, continue Norco, continue right hinged brace, follow up with orthopedic surgeon who is awaiting authorization for right knee arthroscopy, and follow up with PCP for blood pressure elevation. Disputed treatments include Colace, Naproxen, Norco, and vitamin C.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 capsules of Colace 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylaxis for Constipation Page(s): 77-78.

Decision rationale: With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. Within the submitted documentation, there is no subjective complaint of constipation with opioid therapy. As such, this request is not medically necessary.

60 tablets of Naproxen 500mg: 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): 67-72.

Decision rationale: Regarding the request for Naproxen, 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. Given this, the currently requested Naproxen is not medically necessary.

50 tablets of Norco 5mg/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75-80.

Decision rationale: Regarding the request for Norco (Hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco 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.

60 tablets of Vitamin C 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/vitamin-c-deficiency>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/vitamin-c-ascorbic-acid-drug-information?source=search_result&search=vit+c&selectedTitle=1~150#F136885.

Decision rationale: With regards to Vitamin C supplementation, the CA MTUS has no specific guideline regarding this topic, Uptodate.com states the indication for Vitamin C use are the following: treatment of symptoms of mild deficiency; use in conditions requiring an increased intake (e.g., burns, wound healing). Within the submitted documentation, there is no documentation of vitamin C deficiency, or any other indication for the supplement. As such, the currently requested Vitamin C supplement is not medically necessary.