

<b>Case Number:</b>	CM15-0086596		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	12/19/2002
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male who sustained an industrial injury on 12/19/2002. Mechanism of injury was a slip and fall, and he injured his right ankle, wrist, left shoulder and back and had a blunt head trauma. Diagnoses include pain in joint of the lower leg, internal derangement, opioid dependence, opioid induced mood disorder, dental trauma, bilateral upper and lower extremity radiculitis, chronic pain disorder and cognitive disorder. Treatment to date has included diagnostic studies, medications, status post knee arthroscopic surgery time two, and right shoulder surgery, and psychotherapy sessions. The injured worker takes Norco for pain and Augmentin for the prevention of bacterial infections associated with a dental procedure necessary due to a previous fall. A physician progress note dated 03/24/2015 documents the injured worker complains of increased neck, low back and bilateral knee pain. He is using a back brace which helps relieve low back pain. He has ongoing dizziness. He states he sustains a fall almost one a month as a result of dizziness and knee weakness. He complained of a toothache from a loose and broken tooth due to dental trauma and it is currently infected. Surgery is pending for a total knee replacement. The treatment plan includes follow up with his dentist, an ENT consultation for his dizziness, a Transcutaneous Electrical Nerve Stimulation unit for neck and back pain, transfer of care to pain management, and will follow up with care in six weeks. Treatment requested is for 1 Prescription of Augmentin 500/125mg #120, 1 Prescription of Norco 10/325mg #120, and 1 Weight loss Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Augmentin 500/125mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved labeling information for Augmentin.

**Decision rationale:** The records discuss using Augmentin for prophylaxis due to dental treatment. Such an indication is consistent with FDA guidelines for Augmentin; however the records and guidelines do not provide a rationale for extended treatment with quantity #120. Thus the request is not consistent with treatment guidelines. The request is not medically necessary.

**1 Prescription of Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**1 Weight loss Program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

**Decision rationale:** ACOEM recommends consultation with another healthcare practitioner when such consultation may help guide treatment. In this case, the nature of the requested weight loss program is unclear, not is it clear if such treatment would be provided by a medical professional or under medical supervision. Without such clarification, this request is not supported by the treatment guidelines. Thus the request is not medically necessary.