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| Case Number: | CM13-0002011 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 06/08/1996 |
| Decision Date: | 04/16/2014 | UR Denial Date: | 07/11/2013 |
| Priority: | Standard | Application Received: | 07/18/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 44 year-old male with a 6/8/1996 industrial injury claim. He has been diagnosed with left medial and lateral meniscal tears; lumbar disc herniation; L5 DDD and facet arthropathy. According to the 7/2/13 orthopedic PR2 from [REDACTED], the patient presents with 8/10 lumbar pain and 8-9/10 left knee pain. There was no discussion of medications on the PR2, but on 7/11/13, [REDACTED] recommended modification for Norco, tramadol, and noncertification of Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 5/325MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Section, Page(s): 8-9.

Decision rationale: The patient presents with chronic low back and left knee pain. I have been asked to review for necessity of continued use of Norco. The 7/2/13 report form [REDACTED] does not discuss efficacy of any medications, including Norco. The 5/10/13 report from [REDACTED]

does not mention medications. The 4/5/13 and 2/26/13 reports from [REDACTED] did not discuss efficacy of medications. The 3/25/13 chiropractic report from [REDACTED] does not mention medications. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAMADOL 50MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Section, Page(s): 8-9.

Decision rationale: The patient presents with chronic low back and left knee pain. I have been asked to review for necessity of continued use of Norco. The 7/2/13 report form [REDACTED] does not discuss efficacy of any medications, including Norco. The 5/10/13 report from [REDACTED] does not mention medications. The 4/5/13 and 2/26/13 reports from [REDACTED] did not discuss efficacy of medications. The 3/25/13 chiropractic report from [REDACTED] does not mention medications. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Tramadol. MTUS does not recommend continuing treatment if there is not a satisfactory response.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NAPROXEN 550MG #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms & Cardiovascular Risk Section..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Section, Page(s): 22.

Decision rationale: The patient presents with chronic low back and left knee pain. The records show the patient has been on naproxen since 2/26/13, but there are no reports of efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Naproxen. MTUS does not recommend continuing treatment if there is not a satisfactory response.