

Case Number:	CM14-0130698		
Date Assigned:	08/20/2014	Date of Injury:	07/24/2010
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine, and is licensed to practice in Illinois. 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:

The injured worker is a male who was injured on July 24, 2010. He had right knee surgery followed by physical therapy, alprazolam, Norco, Naprosyn and used a knee brace. The worker complained of continued right knee pain and stiffness, and had additional physical therapy. He complained of initial and terminal insomnia. Exam noted right medial joint line tenderness, positive quadriceps inhibition test, patella grind test and range of motion limitations. Exam on left knee noted medial joint line tenderness as well. The bilateral straight leg raise test was negative. He improved after 6 additional sessions of physical therapy and returned to modified duty work. His diagnoses were patellofemoral syndrome, left knee sprain and strain, lumbosacral spine sprain and strain and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco DOS 06/12/2014,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids Page(s): 51, 74.

Decision rationale: Norco is an opioid Indicated for moderate to moderately severe pain. Under the criteria for use of opioids, on-going management actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The documentation provided on this worker is deficient of this information necessary for ongoing monitoring, including functional status, appropriate medication use, and side effects. There is also no mention of a written contract, which is not a requirement, but a recommendation. Therefore, the requested Norco is not considered medically necessary.

Alprozolam DOS 06/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 & 124 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This injured worker has initial and terminal insomnia. Per Medical Treatment Utilization Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore, the requested Alprazolam is not considered medically necessary.

Additional Physical Therapy 2 times a week for 3 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Page(s): 346.

Decision rationale: The injured worker has had several sessions of physical therapy, but there is no mention of a transition to a home exercise program. Per Medical Treatment Utilization Guidelines, physical treatment methods for the knee are recommended. This individual's medical history is noted for right knee surgery followed by physical therapy and continued complaints of right knee pain and stiffness. He had positive exam findings and improved after 6 additional sessions of physical therapy, at which time he returned to modified duty work. 6 additional sessions of physical therapy are authorized to give him the opportunity to transition into a home-

based program. The prior request was appropriately certified and not denied. Therefore, the requested additional physical therapy visits are considered medically necessary.