

Case Number:	CM14-0138901		
Date Assigned:	09/08/2014	Date of Injury:	08/25/1998
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that the injured worker is a 68-year-old gentleman who was reportedly injured on August 25, 1998. The most recent progress note, dated July 22, 2014, indicated that the injured employee was awaiting lumbar epidural steroid injections. The physical examination revealed the patient had a slight antalgic gait favoring the left knee. There was tenderness over the lumbar paravertebral muscles and decreased lumbar spine range of motion. Examination of the left knee noted tenderness at the medial and lateral joint line and a medial and lateral McMurray's test. Range of motion was from 0 to 115 with mild crepitus. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease and disc protrusion at L1-L2, L2-L3, L3-L4 and L4-L5. Previous treatment included a right knee arthroscopy and a left knee arthroscopy, quantity 3. A request had been made for naproxen, hydrocodone, Fexmid, and a lumbar epidural steroid injection and was not certified in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note dated July 22, 2014, there are no findings of a radiculopathy on physical examination nor are there any imaging studies indicating neurological impingement. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.

Retro: Hydrocodone 5/325mg, Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Hydrocodone Is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose and that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, the request for hydrocodone is not medically necessary.

Fexmid 7.5mg, Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Fexmid is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated July 22, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, the request for Fexmid is not medically necessary.

Retro: Naproxen 550mg, Quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Antiinflammatories, such as naproxen, are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured employee has reported no side effects with the use of this medication. As such, the request for Naproxen 550 mg is medically necessary.