

Case Number:	CM14-0142049		
Date Assigned:	10/14/2014	Date of Injury:	11/01/2006
Decision Date:	11/13/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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, 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:

The patient is a 48 years old female with an injury date on 11/01/2006. Based on the 08/04/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar sprain/strain, 2. Lumbar spinal stenosis, 3. Lumbar Radiculopathy, 4. Left knee internal derangement, 5. Left knee OA, 6. Left knee status post-surgery. According to this report, the patient complains of constant of "low back pain that radiates to the left lower extremity with numbness and tingling at scale 5/10." The patient also complains of constant left knee pain at 5/10. Lumbar range of motion is limited. Straight leg raise is positive on the left. Tenderness and spasms of the paravertebral muscles are noted. Decreased sensation is noted at the left lower extremity at L5-S1. The 03/17/2014 requesting report indicates "the patient is 5 week post scope surgery to the left knee" with constant pain. The patient is limps and uses a cane during ambulation. There were no other significant findings noted on this report. The utilization review denied the request on 08/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/05/2014 to 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mobic 15 mg #30: 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 Medications for chronic pain, Anti-inflammatory medications (, Chronic pain MTUS) NSAIDs (non-st.

Decision rationale: According to the 08/04/2014 report by [REDACTED] this patient presents with constant of "low back pain that radiates to the left lower extremity with numbness and tingling at scale 5/10." The treater is requesting for a retrospective request for Mobic 15mg #30. Mobic is first noted in 03/17/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding NSAID's, MTUS Guidelines pages 60 and 61 states "Anti-inflammatories 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." In this case, review of reports do not discuss this medication's efficacy. There is no discussion as to how this medication is used and with what effect on pain and function. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.

Retrospective request for Hydrochlorothiazide 12.24 #30: 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 Medications for chronic pain, Anti-inflammatory medications (Chronic pain MTUS) NSAIDs (non-ster.

Decision rationale: According to the 08/04/2014 report by [REDACTED] this patient presents with constant of "low back pain that radiates to the left lower extremity with numbness and tingling at scale 5/10." The treater is requesting a retrospective request for Hydrochlothiazide 12.24, #30. "Hydrochlothiazide is a thiazide diuretic (water pill) that helps prevent your body from absorbing too much salt, which can cause fluid retention. Hydrochlothiazide treats fluid retentions (edema) in people with congestive heart failure, cirrhosis of the liver, or kidney disorder or edema caused by taking steroids." The utilization review denial letter states "The documentation submitted did not provided outcomes from the use of the patient's medications regimen, including pain relief and functional improvement, to support efficacy and the need for continued usage." Review of reports does not indicate the patient has fluid retention issue. Furthermore, there were not mentions that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.

Retrospective request for Norco 10 mg #30: 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 Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page(s): 6.

Decision rationale: According to the 08/04/2014 report by [REDACTED] this patient presents with constant of "low back pain that radiates to the left lower extremity with numbness and tingling at scale 5/10." The treater is requesting for a retrospective request for Norco 10mg #30. Norco was first mentioned in the 03/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No specific ADL's and opiate monitoring such as urine toxicology are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.