

Case Number:	CM14-0148342		
Date Assigned:	09/18/2014	Date of Injury:	03/18/2009
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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 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 54 year old female with a 3/18/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/23/14 noted subjective complaints of worsening bilateral knee pain. No objective findings were clearly documented. Of note, this and other provider reports available for review are handwritten and largely illegible. Diagnostic Impression is knee pain and treatment to Date is medication management. A UR decision dated 8/14/14 denied the request for glucosamine HCL 150 mg #60 (refill x 4). It is not indicated whether the claimant has arthritis pain. It also denied chondroitin sulfate 1200 mg #60 (refill x 4). It is not indicated whether the claimant has arthritis pain. It also denied Norco 2.5/325 mg #60 (refill x 4). It is not indicated whether the claimant has moderate to severe pain to support need for opioid analgesic. It also denied Ativan 0.5 mg #60 (refill x 4). It is not indicated as to why the claimant requires benzodiazepines to improve medical condition. It also denied second opinion with an orthopedic spine surgeon (bilateral knees). There is limited evidence of red flag signs, mechanical symptoms, as well as positive provocative tests on examination to support second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine HCL 150 mg, #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine Page(s): 50.

Decision rationale: CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. However, in the documentation available for review, there is no noted diagnosis of knee arthritis, nor any documentation of objective physical exam findings or imaging findings consistent with arthritis. Therefore, the request for Glucosamine HCL 150 mg, #60 with 4 refills is not medically necessary and appropriate.

Chondroitin Sulfate 1200 mg, #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine Page(s): 50.

Decision rationale: CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. However, in the documentation available for review, there is no noted diagnosis of knee arthritis, nor any documentation of objective physical exam findings or imaging findings consistent with arthritis. Therefore, the request for Chondroitin Sulfate 1200 mg, #60 with 4 refills is not medically necessary and appropriate.

Norco 2.5/325 mg, #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 2.5/325 mg, #60 with 4 refills is not medically necessary and appropriate.

Ativan 0.5 mg, sixty count with four refills: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, there is no stated rationale for the use of benzodiazepines. Additionally, the guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. Therefore, the request for Ativan 0.5 mg, #60 with 4 refills is not medically necessary and appropriate.

Second opinion with an orthopedic surgeon for the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 127, 156

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the documentation provided for review, there is only notation of bilateral knee pain. There are no documented physical exam abnormalities or any abnormal imaging findings to substantiate the need for a consultation. Therefore, the request for second opinion with an orthopedic surgeon for the bilateral knees was not medically necessary.