

Case Number:	CM14-0161019		
Date Assigned:	10/06/2014	Date of Injury:	05/03/2010
Decision Date:	11/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Management 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 injured worker is a 55 year old female who sustained an injury on May 3, 2010. She is diagnosed with (a) left knee sprain; (b) lumbar strain with degenerative disc disease; (c) cervical strain; (d) right shoulder impingement syndrome; (e) right upper extremity radiculopathy; (f) rule out medial meniscus tear, right knee; and (g) patellofemoral syndrome, right knee due to overcompensation. She was seen for an evaluation on September 11, 2014. She complained of low back pain, right knee pain, and hip pain. She reported radiation of pain down the left leg associated with numbness, tingling, and weakness sensations. The pain was rated 7-8/10. She also reported migraines. An examination of the cervical spine revealed mild posterior tenderness, right side worse than the left side. There was give away weakness noted at the right upper limb. Dysesthesia was present at the right upper limb. Ranges of motion of the cervical and lumbar spine were limited. An examination of the right knee revealed tenderness and painful range of motion. Crepitus was present.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Vicodin ES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The request for 90 tablets of Vicodin is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. Clinical case of the injured worker has satisfied neither of these conditions. More so, it has also been determined that the injured worker has been taking this medication since March 2014 yet there was no documentation of the injured worker's subjective and objective response to Vicodin. Hence, the request for 90 tablets of Vicodin is not medically indicated at this time.

30 Tablets of Orphenadrine 100mg: Upheld

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

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

Decision rationale: The request for 30 tablets of orphenadrine 100 mg is not considered medically necessary at this time. According to the California Medical Treatment Utilization Schedule, non-sedating muscle relaxants are recommended as a second-line option for treatment of acute exacerbations for those with chronic low back pain. From the medical records received for review, while there were objective findings of muscle spasms, there was no mention of failure of first-line therapy to substantiate the prescription of second-line medication for the treatment of muscle spasms. Hence, the request for 30 tablets of orphenadrine 100 mg is not medically necessary at this time.

90 Tablets of MS Contin 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The request for 90 tablets of MS Contin 30 mg is not considered medically necessary at this time. There was no indication of contraindications for use of first-line medications for pain or whether the injured worker failed a trial of non-opioid analgesics. It has also been determined from the reviewed medical records that the injured worker has been taking this medication since March 2014. Guidelines do not support the use of opioids on a long-term basis, especially without documentation of objective functional improvement. Hence, the request for 90 tablets of MS Contin 30 mg is not medically necessary at this time.