

Case Number:	CM14-0165541		
Date Assigned:	10/10/2014	Date of Injury:	04/07/2010
Decision Date:	11/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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:

The injured worker is a 56-year-old female with a date of injury on April 7, 2010. She is diagnosed with (a) lumbar strain with facet hypertrophy at L3 to L4 and L4 to L5 levels, (b) right lower extremity radicular pain, (c) right knee pain status post arthroscopy residuals, (d) posttraumatic arthrosis of the right knee, (e) left knee mild degenerative joint disease, (f) sexual difficult due to pain, (g) anxiety, stress, and depression, (h) right knee moderate chondromalacia, and (i) right knee mild patellar tendinopathy. Per progress report dated March 21, 2014, she complained of persistent pain that was 8/10 in the lower back and 10/10 in the bilateral knee. It was noted that the injured worker was prescribed with Tramadol, and it helped her reduced her pain from 8-9/10 down to 7/10. Examination of the lumbar spine revealed slightly decreased ranges of motion. There was tenderness seen over the lumbar paraspinal areas with right greater than left. Kemp's sign and straight leg raise test were positive. Objectively, the lumbar spine had slightly decreased strength bilaterally at L4, L5, and S1. There was mild decreased sensation bilaterally at L4. Examination of the right knee showed decreased ranges of motion on right flexion at 140 degree, and left flexion at 130 degrees. Tenderness with 1+ swelling was seen over the medial joint line of the right knee. Ranges of motion of the left knee were limited on flexion at 100 degrees. Valgus, Varus, Mc Murray's tests as well as patellofemoral grind were positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia (Hydrocodone / APAP 7.5/325mg) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-80.

Decision rationale: The request for Anexsia (Hydrocodone / acetaminophen 7.5/325mg) #120 is not warranted at this time. Anexsia is a combination medication used to relieve moderate to severe pain. It is composed of two agents, an opioid in the form of hydrocodone and a non-narcotic pain reliever in the form of acetaminophen, which increases the effects of hydrocodone. Guidelines strictly mandate that opioid therapy can only be reasonably continued if the injured worker was able to return to work and achieve improvement in function and pain. The injured worker however failed to demonstrate objective evidence of significant pain relief and functional improvement despite these criteria. For these reasons, the medical necessity of the requested Anexsia #120 is not established and not considered medically necessary.

TENS Unit 30 day trial.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The request for a transcutaneous electrical nerve stimulation unit is not warranted at this time. Guidelines state that transcutaneous electrical nerve stimulation does not appear to have an impact on perceived disability or long-term pain. The injured worker has chronic pain. Furthermore, it is not known if adding the transcutaneous electrical nerve stimulation unit to an evidence-based intervention, or to other intervention, improves more outcomes, but studies assessing the interactions between exercise and transcutaneous electrical nerve stimulation found no cumulative impact. Therefore, it can be concluded that the request for a 30 day trial of the transcutaneous electrical nerve stimulation unit is not considered medically necessary.

Urine Toxicology screen.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, (Acute & Chronic) criteria for use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT)

Decision rationale: Urine drug testing is use to determine appropriate intake of prescribed substances. This test is deliberately avoids moderate or high risk injured workers from misusing or developing aberrant drug behaviors. However, in this case, there is no indication that the injured worker is on moderate or high risk for drug misuse/drug aberrant behavior, or experiencing opioid hyperalgesia. Therefore, the requested urine toxicology screening is not considered medically necessary.