MAXIMUS Federal Services

Case Number:	CM14-0096269		
Date Assigned:	07/25/2014	Date of Injury:	10/02/1984
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 this 61-year-old gentleman was reportedly injured on October 2, 1984. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 4, 2014, indicated that there were ongoing complaints of lumbar spine pain, handed numbness, and knee pain. The physical examination demonstrated the ability to transfer without discomfort and good range of motion without effusion. Refills of Norco, Flexeril, Disalcid, and Biofreeze were provided. Diagnostic imaging studies were not reviewed on this visit. Previous treatment included a previous Synvisc injection on December 2, 2013, pool therapy, and home exercise. A request had been made for Norco, Flexeril, Disalcid, and a Synvisc injection and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, 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; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Flexeril 10mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Flexeril 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, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Flexeril is not medically necessary.

Disalcid 750mg #60 with 6 refills: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: Disalcid is an anti-inflammatory medication. Antiinflammatories 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. According to the attached medical record, there is no reported decrease in pain and increased functional activity related directly to the use of medication. Therefore, this request for Disalcid is not medically necessary.

Series of Synvisc One injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Disorders - Knee Pain and Osteoarthritis: Clinical Measures, Injection Therapy. (electronically cited).

Decision rationale: The California MTUS guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that have been nonresponsive to noninvasive treatments. Review of the available medical records indicates that the injured employee has had a previous Synvisc injection and efficacy of this injection is unknown. Additionally, there is no documentation of moderate to severe knee osteoarthritis on objective studies. Considering this, the request for a Synvisc One Injection is not medically necessary.