

Case Number:	CM14-0171012		
Date Assigned:	10/23/2014	Date of Injury:	11/30/2004
Decision Date:	09/24/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 61 year old male, who sustained an industrial injury on November 30, 2004. He reported injury due to a fall. The injured worker was currently diagnosed as status post L4-5 and L5-S1 interbody fusion in 1995, right lower extremity radiculopathy, status post interbody fusion L1-2, L2-3 and L3-4 in 2006, reactionary depression and anxiety, industrially related erectile dysfunction, medication-induced gastritis, spinal cord placement in the lower extremities in 2008, removal of percutaneous placement of spinal cord stimulator in 2010 and right knee sprain and strain. Treatment to date has included diagnostic studies, injections, psychological treatment, surgery and medication. Cortisone injections to the knee were noted to provide good but temporary relief. A lumbar epidural steroid injection provided close to three months of benefit with notable improvement in mobility and activity tolerance. On September 4, 2014, the injured worker complained of pain in his right knee and low back pain with radiation down to both lower extremities. Notes stated that his right knee pain had progressively worsened with resultant medications in mobility and activity tolerance. A Synvisc-One to his right knee was performed on the day of the exam. The treatment plan included medications, referral to an orthopedic surgeon, and follow-up with urologist, psychological treatment and a follow-up visit. A request was made for one general narcotic medication review for three medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One general narcotic medication review for 3 medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics, 12th edition; McGraw Hill, 2006, Physician's Desk Reference, 68th edition and ODG (official Disability Guidelines (ODG), Workers Compensation Drug Formulary (www.odg-twc.com/odgtwc/formulary.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: One general narcotic medication review for 3 medications is not medically necessary. California Medical Treatment Utilization Schedule (MTUS); 2009, and Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". The injured worker has pain in his right knee and low back pain with radiation down to both lower extremities. Notes stated that his right knee pain had progressively worsened with resultant medications in mobility and activity tolerance. A Synvisc-One to his right knee was performed on the day of the exam. The treating physician has not documented the medical necessity for a medication review separate from a standard office visit follow-up. The criteria noted above not having been met one general narcotic medication review for 3 medications is not medically necessary.