

Case Number:	CM14-0191165		
Date Assigned:	11/25/2014	Date of Injury:	09/19/2013
Decision Date:	01/16/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 56 year old patient with date of injury of 09/19/2013. Medical records indicate the patient is undergoing treatment for s/p arthroscopic right knee surgery, lumbar disc herniation, central canal and neural foraminal stenosis at L3-4, L4-5 and L5-S1, right hip pain and hip arthrosis. Subjective complaints include right knee pain rated 4/10 and hip pain rated 10/10. Objective findings include antalgic gait, pain with internal and external rotation of the hip, right hip range of motion - abduction 30 degrees, adduction 25, flexion 100, extension 10, internal and external rotation 30. Trendelenburg was positive on the right. Progress notes show a magnetic resonance imaging (MRI) of right hip dated 09/23/2014. Findings revealed extensive osteoarthritic change with probable Stage IV avascular necrosis with flattening of the humeral head seen measuring 3.8 cm and osseous remodeling of the acetabulum and diffuse cartilaginous fissuring present within the joint space. Treatment has consisted of cane, physical therapy, surgery, Hydrocodone, Tizanidine and Diclofenac. The utilization review determination was rendered on 10/20/2014 recommending non-certification of Apptrim and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apptrim: 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), Pain Chapter, Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food <http://www.webmd.com/drugs/drugreview-145400-AppTrim+Program+Oral.aspx?drugid=145400&drugname=AppTrim+Program+Oral>

Decision rationale: Apptrim, according to WebMD is used in weight loss and is a medical food. MTUS and Official Disability Guidelines (ODG) are silent specifically regarding Apptrim. In addition ODG states that a medical food is "Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered eternally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision." The medical records do not indicate the specific dietary disease or condition for which there is a distinctive nutritional requirement that the medication would be used for. Additionally, the treating physician has not provided a dosage schedule or number of medications they are requesting. As such, the request for Apptrim is not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids and NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: Official Disability Guidelines (ODG) does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. California MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit and the treating physician has failed to

provide a dosage and amount of medication that is being requested. As such, Norco is not medically necessary.