

Case Number:	CM14-0214703		
Date Assigned:	01/02/2015	Date of Injury:	06/01/2008
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of June 1, 2008. In a Utilization Review Report dated December 5, 2014, the claims administrator partially approved a request for Mobic, denied a request for tramadol, denied a request for Norco, and denied an orthopedic consultation. The claims administrator referenced a progress note dated April 29, 2014, in its determination. On said progress note of April 29, 2014, the applicant reported persistent complaints of low back, neck, knee pain. The applicant's shoulder had pain reportedly resolved, it was stated. The applicant was asked to employ Norco for pain relief. The attending provider stated that the applicant's pain complaints were severe. Norco, tramadol, Mobic, and Neurontin were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. In a May 22, 2013 medical-legal evaluation, it was stated that the applicant was no longer employed as a security officer. The applicant's last date of work was May 2008, it was acknowledged. The applicant had undergone arthroscopic knee surgery. The applicant reported persistent complaints of 8/10 knee and low back pain. The applicant was having difficulty performing various activities of daily living, including standing, walking, sitting, etc., owing to pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Mobic 15mg, #60 (through [REDACTED]) between 4/29/2014 and 4/29/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management and Anti-inflammatory Medications Pag.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic do represent the traditional first line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant is off work. The applicant has failed to return to work in what appears to be a span of several years. The applicant continues to report difficulty performing activities of daily living as basic as standing, walking, kneeling, bending, squatting, lifting, etc., despite ongoing medication consumption. Ongoing usage of Mobic has failed to curtail the applicant's benefit to opioid agents such as tramadol and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mobic. Therefore, the request was not medically necessary.

1 prescription for Tramadol 150mg, #90 (through [REDACTED]) between 4/29/2014 and 4/29/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

Decision rationale: The request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for Continuation of Opioid Therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant has apparently failed to return to work for a span of several years. The attending provider's April 29, 2014 progress note did not establish the presence of any meaningful or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

1 prescription for Norco 7.5/325mg, #90 (through [REDACTED]) between 4/29/2014 and 4/29/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant has not worked in what appears to be a minimum of several years. The attending provider's April 29, 2014 progress notes did not outline the presence of any meaningful or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

1 orthopedic consultation between 4/29/2014 and 3/4/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Section Page(s): 1.

Decision rationale: The request for an orthopedic consultation, conversely, was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work. The applicant has apparently undergone prior knee surgery. The applicant has persistent multifocal pain complaints. The applicant remains dependent on opioid therapy. The applicant has, by all accounts, failed to respond favorably to various operative and non-operative interventions. Obtaining the added expertise of physician in another specialty, namely orthopedics is, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.