

Case Number:	CM15-0165176		
Date Assigned:	09/29/2015	Date of Injury:	06/02/2003
Decision Date:	11/24/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 injured worker is a 44 year old, female who sustained a work related injury on 8-2-03. A review of the medical records shows he is being treated for low back and bilateral knee pain. In the progress notes dated 7-22-15, there is nothing written on the form but "dictated" and "Lumbar Spine st" and "left knee st." In the Initial Orthopedic Visit dated 2-10-15, she reports low back and bilateral knee pain. On physical exam, he has tenderness of the lumbar spine. He has normal range of motion in lumbar spine. Bilateral knee exam is essentially normal. Bilateral knee range of motion is normal. Working status is not noted. The treatment plan includes a request for a course of physical therapy and an order for Celebrex. There is insufficient documentation on the current medications she is taking. The Request for Authorization dated 7-22-15 has requests for MRIs of lumbar spine and left knee. The Request for Authorization dated 7-23-15 has requests for Norco, Celebrex, Omeprazole and Orphenadrine. In the Utilization Review dated 8-10-15, the requested treatments of MRIs of the lumbar spine and left knee and the medications of Celecoxib 200mg., #30, Omeprazole 20mg., #60 and Orphenadrine 100mg., #30 are not medically necessary. The requested treatment of Norco 10-325mg twice daily #60 was modified to Norco 10-325mg. twice daily #48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The PR-2 associated with this request was handwritten and illegible. There was no discernible subjective or objective information. No previous MRI reports were included for review. Consequently, there was insufficient documentation to allow for a determination. As such, Lumbar MRI is not medically necessary.

Left Knee MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The PR-2 associated with this request was handwritten and illegible. There was no discernible subjective or objective information. No previous MRI reports were included for review. Consequently, there was insufficient documentation to allow for a determination. As such, Left Knee MRI is not medically necessary.

Celecoxib 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The PR-2 associated with this request was handwritten and illegible. There was no discernible subjective or objective information. There was no documentation as to how long the patient has been taking this medication. Consequently, there was insufficient documentation to allow for a determination. As such, Celecoxib 200mg #30 with 2 refills is not medically necessary.

Norco 10/325mg twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The PR-2 associated with this request was handwritten and illegible. There was no discernible subjective or objective information. There was no documentation as to how long the patient has been taking this medication. Consequently, there was insufficient documentation to allow for a determination. As such, Norco 10/325mg twice daily #60 is not medically necessary.

Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The PR-2 associated with this request was handwritten and illegible. There was no discernible subjective or objective information. There was no documentation as to how long the patient has been taking this medication. Consequently, there was insufficient documentation to allow for a determination. As such, Omeprazole 20mg #60 with 2 refills is not medically necessary.

Orphenadrine 100mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The PR-2 associated with this request was handwritten and illegible. There was no discernible subjective or objective information. There was no documentation as to how long the patient has been taking this medication. Consequently, there was insufficient documentation to allow for a determination. As such, Orphenadrine 100mg #30 with 2 refills is not medically necessary.