MAXIMUS Federal Services

Case Number:	CM15-0175364		
Date Assigned:	09/16/2015	Date of Injury:	01/24/2011
Decision Date:	11/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 55 year old male who sustained an industrial injury on 1-24-11. A review of the medical records indicates he is undergoing treatment for cervical spine SIS, degenerative disc disease, bilateral shoulder SIS, bilateral wrist SIS, lumbar spine SIS and degenerative disc disease at L5-S1, bilateral knee osteoarthritis, and other illegible diagnoses. Medical records (7-28-15) indicate complaints of left knee pain, which is described as "constant, dull, radiating, and worse with activity". Rates pain 5-8 out of 10. The injured worker also complained of wrist pain, rating 6 out of 10. The record indicates he is scheduled for a wrist injection on 8-6-15. The physical exam indicates an antalgic gait and that there is no functional change since the last examination. He is pending authorization for an EMG of bilateral upper extremities. He underwent an MR arthrogram of the left knee on 7-26-15. Medications include Naproxen 550mg, Prilosec 20mg, Norflex 100mg, and a prescription was written for Norco 10-325. The utilization review (8-6-15) indicates requests for authorization of Norco 10-325, #60, Naproxen 550mg, #60, Prilosec 20mg, #30, and Norflex 100mg, #30. Norco was denied, indicating that submission of medication compliance "lacks clear documentation of risk assessment profile, attempt at weaning or tapering, and an updated and signed pain contract between the provider and claimant and ongoing efficacy with medication use". Norflex was denied, indicating that there "was no clearly documented efficacy or objective functional improvement from chronic usage" of the medication. Prilosec was denied, indicating, "The records do not indicate that the patient suffers" from any gastrointestinal complaints indicated in the guidelines. The request for transportation to and from all

medical visits was denied, indicating that "this is not a medical service for the cure or relief of an industrial injury".

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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: There is no documentation of a current urine drug screen, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. The most recent documentation and evaluation failed to comply and submit the aforementioned evidences. Thus, recommend non-certification of the prospective use of Norco 10/325mg. Norco 10/325mg #60 is not medically necessary.

Prilosec 20mg #30 times 1: 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: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Prilosec. Prilosec 20mg #30 times 1 is not medically necessary.

Norflex 100mg #30 times 1: 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 MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some

medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Norflex 100mg #30 times 1 is not medically necessary.

Transportation to and from all medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California, Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services Non-emergency medical transportation.

Decision rationale: A patient's transportation needs back and forth to doctor visits is not a medical issue; consequently, it is not covered and California Labor Code, section 4610. An independent medical review officer cannot speak to the issue of either to authorize or not to authorize transportation to and from a doctor's office. The claims administrator would better decide this issue. Transportation to and from all medical visits is not medically necessary.