

Case Number:	CM15-0040648		
Date Assigned:	03/10/2015	Date of Injury:	11/26/2008
Decision Date:	05/11/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 35-year-old male who reported an injury on 11/26/2008. The mechanism of injury was not specifically stated. The current diagnoses include hip fracture, degenerative joint disease of the hip, patellofemoral chondromalacia of the knee, bursitis of the knee, and plantar fasciitis. The injured worker presented on 02/19/2015 for a follow-up evaluation with complaints of 4/10 pain with medication and 9/10 pain without medication. The injured worker reported pain, stiffness, and difficulty with prolonged sitting or standing. It was noted that the injured worker was participating in a physical therapy program, which provided an improvement in symptoms. The injured worker was also utilizing OxyContin, Norco, and Lyrica. Upon examination, there was palpable spasm in the lumbar spine, tenderness to palpation, guarding, 45 degree lumbar flexion, 20 degree extension, 25 degree right and left lateral bending, tenderness to palpation over the left greater trochanter, palpable crepitus, 80 degree left hip flexion, 20 degree extension, 30 degree abduction, 15 degree adduction, and 20 to 30 degree internal and external rotation. There was tenderness to palpation over the medial and lateral joint line of the left knee with 150 degree left knee flexion. There was also tenderness over the medial malleoli of the right ankle, 40 degree right ankle flexion, 20 degree extension, and 20 degree eversion. Recommendations included continuation of the current medication regimen and a home exercise program. A Request for Authorization form was then submitted on 02/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 10/2014. There is no documentation of objective functional improvement. There is also no mention of a written consent or agreement for chronic use of an opioid. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Lyrica 75mg, #150, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. The injured worker has continuously utilized Lyrica 75 mg since 02/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Oxycontin 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 01/2014. There is no documentation of objective functional improvement. There is also no mention of a written consent or agreement for chronic use of an opioid. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

