

Case Number:	CM15-0064092		
Date Assigned:	04/10/2015	Date of Injury:	12/30/2000
Decision Date:	06/09/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	04/03/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on December 30, 2000. She was diagnosed with multiple level disc herniation of the lumbar spine, degenerative changes, meniscus tear and chondromalacia of the knee. Treatment included pain management, anti-inflammatory drugs, diagnostic imaging and surgical interventions. The injured worker presented on 02/11/2015 for a follow-up evaluation with complaints of chronic knee pain. The injured worker also reported low back pain radiating into the bilateral lower extremities. The current medication regimen includes Adderall, Flexeril, ibuprofen, Norco, Nucynta, omeprazole, and Xanax. Upon examination, the injured worker demonstrated an antalgic gait with left knee dependence. There was markedly decreased range of motion of the right knee. Motor strength was 5/5 bilaterally. Deep tendon reflexes were within normal limits. There was point tenderness over the anteromedial aspect of the knee with crepitus upon range of motion. There was a significant decrease in range of motion of the right knee consistent with intra-articular fibrosis. The physical exam recommended continuation of the current medication regimen as well as a surgical referral for the right knee. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Hydrocodone/Acetaminophen; Short-acting opioids Page(s): 124, 91, 75.

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 non-opioid 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 utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. There is also no specific frequency or quantity listed in the request. As such, the request is not medically necessary.

Nucynta 100mg, unspecified quantity: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Nucynta.

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line option for patients who develop intolerable adverse effects with first line opioids. In this case, there was no documentation of any intolerable adverse effects with first line opioids. The injured worker has utilized the above medication since at least 11/2014 without any evidence of objective functional improvement. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency or quantity listed in the request. Given the above, the request is not medically necessary.

Flexeril 10mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation

of palpable muscle spasm or spasticity upon examination. The guidelines do not recommend long term use of this medication. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Omeprazole 20mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency or quantity listed in the request. As such, the request is not medically appropriate.