

<b>Case Number:</b>	CM15-0069929		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	01/10/2008
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 1/10/2008. He reported cumulative trauma due to repetitive movements of kneeling, squatting, climbing, crawling, pushing, pulling, digging, and lifting. The injured worker was diagnosed as having enthesopathy of knee, not otherwise specified, radial styloid tenosynovitis, sprain/strain of neck, and enthesopathy of knee. Treatment to date has included diagnostics, surgical intervention on the left knee in 2007, right knee replacement in 2012, physical therapy, and medications. Currently (3/02/2015), the injured worker complains of back pain, with radiation into the lower extremities, with pain, paresthesias, numbness, as well as right knee pain with catching, locking, and instability following the knee arthroplasty. Current medication use was not documented. His previous or current pain levels were not documented. His work status was permanent and stationary. The treatment plan included medication refills of unspecified medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication refills (unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, medication refills (unspecified) is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are enthesopathy knee; radial styloid tenosynovitis; Olecranon bursitis; shoulder region disorders; shoulder bursae and can be disorders; and enthesopathy wrist. The request for authorization is for medication refills. There are no medications listed in the most recent progress note as well as progress notes dating back six months. In the absence of a current list of medications, doses and frequency, prescriptions are not available for refills. Consequently, absent clinical documentation with a current list of medications, medication refills (unspecified) are not medically necessary.