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| Case Number: | CM15-0073221 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 05/01/2008 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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: Maryland

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

This 65 year old male sustained an industrial injury to the low back, right knee, shoulder, neck and bilateral wrists on 5/1/08. Previous treatment included magnetic resonance imaging, lumbar spine surgery times two and medications. In the most recent PR-2 submitted for review dated 1/23/15, the injured worker complained of pain to the right knee, low back, cervical spine, left shoulder and bilateral wrists/hands rated 5-7/10 on the visual analog scale. The injured worker was scheduled for right knee arthroscopy on 2/2/15. Current diagnoses included right knee chondromalacia patella with meniscus tears, right knee Baker's cyst, status post lumbar decompression, low back pain with right lower extremity symptoms and rule out right shoulder impingement and rotator cuff pathology. The treatment plan included proceeding with right knee arthroscopy, postoperative physical therapy, magnetic resonance imaging right shoulder and medications (Norco, Tramadol and Naproxen Sodium).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67; 78-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Hydrocodone 10/325 quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term opioids without significant functional improvement and no significant change in pain therefore the request for continued Hydrocodone is not medically necessary.

Naproxen 550mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen 550mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.