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| Case Number: | CM15-0078155 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 10/08/2008 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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: Indiana

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:

This 55-year-old male sustained an industrial injury to the back, shoulder, knee and right thumb on 10/8/08. Previous treatment included magnetic resonance imaging, physical therapy, aqua therapy, acupuncture, bracing, splinting, psychotherapy, massage, transcutaneous electrical nerve stimulator unit, bilateral carpal tunnel release, left cubital tunnel release, heat, ice, injections, home exercise and medications. In a PR-2 dated 3/17/15, the injured worker complained of ongoing left knee pain and swelling despite receiving a Synvisc injection six weeks ago. Physical exam was remarkable for left knee with soft tissue swelling, limited range of motion and tenderness to palpation to the joint lines, quadriceps, and patella and hamstring tendons. Current diagnoses included left knee osteoarthritis. The treatment plan included a prescription for Norco and Valu-form roll/wedge, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 325/10mg # 120 is not medically necessary.

Valu-form roll/wedge, left knee: 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), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment.

Decision rationale: The Valu-form roll/wedge is a type of durable medical equipment for exercise and physical therapy. MTUS and ACOEM are silent regarding the medical necessity of this equipment. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details, "Exercise equipment is considered not primarily medical in nature". Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who is not sick or injured-appropriate to be used in your home Valu-form roll does meet the criteria for durability and home use per Medicare classification. However, people we are not sick or injured and not considered primarily sued for "medical reasons" also use it. It is a general-purpose device used for knee exercises. As such, the request is not medically necessary.