

Case Number:	CM13-0019648		
Date Assigned:	12/11/2013	Date of Injury:	06/15/2011
Decision Date:	03/12/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 42 year old male with date of injury 06/15/11. The listed diagnoses per [REDACTED] dated 08/19/13 are: 1. Left knee patellofemoral arthralgia 2. Status post lumbar spine fusion at L5-S1 (2012, [REDACTED]) According to progress report dated 08/19/13 by [REDACTED], the patient presents with left knee pain with popping, grinding and occasional buckling, pain increases at night. Low back pain with unusual morning discomfort which causes a forward flexed posture. Patient is currently taking Norco 10/325mg two times per day. Examination of the lumbar spine reveals well-healed surgical scar. Tenderness to palpation with mild spasm over the paraspinal musculature. Straight leg raise test elicits increased low back pain. Range of motion of the lumbar spine are Flexion 32°, Extension 12°, Right side bending 12° and left side bending 14°. The treater is requesting a refill for Norco 10/325 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: This patient presents with chronic low back and left knee pain. The treater is requesting a refill of Norco 10/325 for pain relief. For chronic opiate use, MTUS guidelines p 88,89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Review of report dated 03/01/13, show the patient has been prescribed Norco since this report and the treater wants the patient "To be weaned off Norco." In this case, none of the reports provided for review (dated 02/06/13 to 10/04/13) contain documentation of pain and functional assessment as related to medication use. Therefore, recommendation is for denial.