

Case Number:	CM13-0022836		
Date Assigned:	03/14/2014	Date of Injury:	02/16/2009
Decision Date:	04/15/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/11/2013

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. The expert reviewer is Board Certified in Internal Medicine, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old male who was injured on 02/16/2009. Mechanism of injury is unknown. Prior treatment history has included medications as follows: 1.Neurontin 2.Norco 3.Senekot-S 4.Gabapentin 5.Hydrocodone/APAP A urine toxicology report dated 07/29/20163 showed detection of acetaminophen, alcohol, hydrocodone and hydromorphone. Pain medicine re-evaluation dated 07/29/2013 documented the patient to have complaints of low back pain that radiates to bilateral lower extremities to the level of foot and toes. The patient also complains of neck pain that radiates to bilateral upper extremities. The patient complains of right knee pain. The patient's average pain level is 2/10 with medications and 7-8/10 without medications. He complains of increased right knee pain due to altered gait. Objective findings on exam included the patient's gait was antalgic slow assisted with the use of a walker. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Pain was significantly increased with extension. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Lumbar myofascial tenderness was noted on palpation. Sensory examination revealed no change. Motor examination revealed no change. Tenderness at medial right knee, positive swelling of right knee, decreased range of motion of right knee. Diagnoses: 1.Lumbar radiculopathy 2.Lumbar disc degeneration 3.Lumbar facet arthropathy 4.Chronic pain, other 5. Medication related dyspepsia 6. Gastritis 7.History of anemia 8.Right knee pain secondary to altered gait Treatment Plan: A comprehensive metabolic panel (CMP) has been ordered. Medications prescribed include Prilosec 20 mg, Norco 10-325 mg, Neurontin 300 mg and Senna 8.6 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE METABOLIC PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS - ROUTINE SUGGESTED M.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 75-83.

Decision rationale: Per MTUS guidelines, urine toxicology screens are the only recommended laboratory test indicated for patients on opioid regimens for treatment of chronic pain. For this reason, comprehensive metabolic panel is not medically necessary/indicated.

NORCO 10/325MG #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): s 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 80-83. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 80-83

Decision rationale: Per MTUS guidelines, opioids are not recommended for long term use due to insufficient evidence indicating clinical benefit. In addition, short term opiate medications are only indicated when a patient has demonstrated that they have exhausted all other non opiate pain management approaches including NSAIDs, physical therapy and neuroleptic agents. For these reasons, Norco 10/325 mg is not medically necessary/indicated.