MAXIMUS Federal Services

Case Number:	CM13-0026276		
Date Assigned:	11/22/2013	Date of Injury:	10/14/2005
Decision Date:	02/03/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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. 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 53-year-old injured worker, presenting with chronic low back pain, right knee pain, and right elbow pain following a work-related injury on October 14, 2005. The claimant has a history of posterior lateral fusion L4-5 and L5-S1 status post removal of retained hardware in February 2013. The pain is aggravated with any type of bending, twisting and turning. MR arthrogram of the knee was significant for posterior inferior margin of the medial meniscus. The claimant's medications include Norco 4-6 tablets per day, Topamax, Zanaflex, Dendracin topical analgesic cream. The claimant's physical exam was significant for tenderness over the right elbow along the lateral epicondyle ridge with pain reproducible with resisted wrist extension maneuver. Examination of the lumbar spine was significant for tenderness to palpation along the lumbar musculature bilaterally with a significantly decreased range of motion, pain with extension; straight leg raise causing axial back pain only, moderately decreased sensation along the posterior thigh and lateral calf on the left when compared to the right. Examination of the right knee revealed tenderness to palpation and soft tissue swelling, crepitus noted with general range of motion in both knees, and decreased range of motion at the right knee lacks 5Â° of full extension. EMG of the lower extremities was significant for chronic left L5 radiculopathy. MRI of the lumbar spine was significant for postsurgical changes at L5-S1, 2.3 mm recurrent disc protrusion with bilateral neuroforaminal stenosis, L4-5-3 millimeter broad-based disc protrusion with bilateral neuroforaminal stenosis and bilateral facet arthropathy. Right knee MRI was significant for horizontal tear of the posterior horn of the medial meniscus. The claimant was diagnosed with lumbar myoligamentous injury with degenerative disc disease and facet arthropathy; cervical myoligamentous injury; bilateral knee internal derangement; status post posterior

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid. therefore Norco is not medically necessary. The request for 1 prescription of Norco 10/325mg, quantity 60 is not medically necessary and appropriate.