

Case Number:	CM13-0067022		
Date Assigned:	01/03/2014	Date of Injury:	09/18/2009
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 57-year-old male who reported an injury on 9/18/09. The mechanism of injury is not provided in the medical record. The patient's diagnoses include lumbar disc protrusion, lumbar facet joint arthropathy, lumbar stenosis, lumbar degenerative disc disease, status post right shoulder labral repair and subacromial decompression on 8/28/12, bilateral shoulder pain, bilateral knee pain, status post bilateral knee surgery, bilateral knee internal derangement, and non-industrial headaches. The patient has attempted medication management, physical therapy, and injection therapy to treat his condition, which have all been ineffective. It is also noted that the patient received a lumbar facet joints nerve radial frequency ablation on 8/8/13. The progress report dated 11/25/13 reports that the patient was not able to receive any more back injections until 2014. The patient did not wish to have back surgery. A comprehensive medical legal evaluation dated 10/28/13 reports that the patient complained of right low back pain with radiation into the right buttock. He states that the pain is exacerbated with prolonged sitting, lifting, twisting, and driving. The patient has attempted the use of Vicoprofen, ibuprofen, and Norco 7.5/325mg to treat his pain. Current medications include Norco 10/325mg twice a day. Physical examination revealed tenderness upon palpation of the right buttock and lumbar paraspinal muscles overlying the L4-S1 facet joints. Bilateral knee and bilateral shoulders on the right side worse than the left, and lumbar range of motion were restricted by pain in all directions. There was tenderness upon palpation of bilateral knees. The lumbar extension was worse than flexion. Lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Patellar reflexes were 2+ and symmetric bilaterally, and Achilles reflexes were 1+ and symmetric bilaterally. Clonus, Babinski's and Hoffmann's sign were absent bilaterally. Muscle strength was measured at 5/5 in the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 7.5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

Decision rationale: The California MTUS guidelines state that ongoing use of opioids is supported when a patient reports a decrease in pain, and/or shows increase level of function or improved quality of life. If there is no documentation of overall functional improvement unless there are extenuating circumstances then the opioids should be discontinued. The medical records provided for review did not provide any documentation of any significant improvement in the patient's quality of life, increase in the patient's function, and/or decrease in the patient's pain level with the use of the requested medication. As such, the request cannot be deemed as medically necessary at this time.