

Case Number:	CM13-0070688		
Date Assigned:	01/15/2014	Date of Injury:	04/24/2008
Decision Date:	05/29/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/26/2013

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 Geriatrics and is licensed to practice in New York. 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 reported a date of injury of 4/24/08. He was seen by his primary treating physician on 11/12/13 with complaints of stabbing low back pain, leg pain and knee pain. His pain medications reduce his pain to 8/10 from 9/10. He had an epidural lumbar injection in 7/13 resulting in 50% reduction in his pain. His physical exam showed mild crepitus in his right knee with no effusion and negative provocative testing. His flexion was 0 - 95 degrees. He had 5/5 strength in his lower extremities and 2+ reflexes. He walked independently with a mildly antalgic gait. His diagnoses were low back pain, bilateral chronic L5-S1 radiculitis, right knee pain with medial meniscus tear, status post meniscectomy, synovectomy and patellar chondroplasty in 2008, depressive disorder and chronic pain syndrome. The physician notes improvement in pain and function as a justification to continue opioids. He was to continue nabumetone and norco as needed. The norco is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 HYDROCODONE/APAP (NORCO) 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): 74-80.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2008. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics and NSAIDs. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit does document improvement in pain and function to justify opioid use however, the patient stated that his pain is only reduced from 9/10 to 8/10 with current medications. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. Therefore the request for Norco is denied as not medically necessary and appropriate.