

Case Number:	CM13-0072012		
Date Assigned:	01/08/2014	Date of Injury:	11/15/2008
Decision Date:	04/01/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine, 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 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 55 year old male guitar technician with a date of injury on 11/15/2008. He was packing boxes in a truck after a performance and noted right shoulder, right knee and back pain. On 08/10/2012 the operative report noted chondromalacia; he had an arthroscopic medial and lateral meniscectomy with a chondroplasty. On 08/13/2012 and 02/13/2013 he had synvisc injections to his knee. He was P&S on 07/23/2013. He has been treated with acupuncture, physical therapy and lumbar epidural steroid injections (10/11/2013). On 11/08/2013 he was taking Norco and continued to have 7/10 pain. Apparently he is getting Norco from the provider in the provider's office.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 30/60 Lortab 10/500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 74-91.

Decision rationale: MTUS Chronic pain medication treatment notes that opioids have the potential for abuse and tolerance. It is not standard of care for the physician to provide

controlled substances from his office. There is no documentation of an opiate contract. He continues to have pain despite Norco. According to MTUS Chronic pain, opioids are discouraged for long term use and there is documentation that in patients out of work taking opioids, there is no difference between the percent of patients who are weaned off opioids versus those who continue taking opioids with respect to the percent that return to work. In MTUS ACOEM Chapter 12 low back complaints, opioids are to be used only for severe pain and for a short course. Long term opioids are discouraged.