

Case Number:	CM14-0102183		
Date Assigned:	07/30/2014	Date of Injury:	02/18/2010
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 02/18/2010. The mechanism of injury was not provided for clinical review. Diagnoses included facet joint syndrome, sacroiliac joint degenerative disease, and knee pain. Previous treatments included medication, and MRI, and electrodiagnostic studies. Within the clinical note dated 07/29/2014, it was reported the injured worker complained of back and knee pain. The injured worker reported pain radiating down his bilateral lower limbs with numbness and tingling. Upon physical examination, the provider noted knee flexion was limited to 90 degrees, and extension of the left leg elicited knee pain but no back pain. Upon examination of the back, the provider noted bilateral lumbosacral paraspinous tenderness and range of motion of the low back, limited primarily in extension. The provider requested Norco. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of back and knee pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker had been utilizing the medication since at least 02/2010. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.