

Case Number:	CM14-0012152		
Date Assigned:	02/21/2014	Date of Injury:	02/23/2007
Decision Date:	07/29/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 59 year old patient has a date of injury of 2/23/2007. The mechanism of injury was pushing cars from customer driveways to load in his truck. On a physical exam dated 1/3/2014, the patient complained of pain in the neck, mid/upper back, lower back and bilateral knees. The patient rates his pain in the neck as 5/10 per VAS scale, which has decreased from last visit, 3/10 in mid/upper back, which has decreased from 4/10 on last visit, 2/10 in lower back which has remained same since last visit, 9/10 in right knee, which has increased from 8/10 on last visit and 7-9/10 in left knee, which has increased from 1/10 on last visit. Objective findings show grade 2 tenderness to palpation over the left knee which has decreased from grade 3 from last visit. The patient has had extensive treatment and surgery to the neck, back, and knee. On progress note on 1/3/2014, doctor indicates the patient is having cubital tunnel surgery. The trials of rest, time off work, therapy, medications and all other conservative methods have failed. Diagnostic impression showed lumbar radiculopathy and Right knee strain. Treatment to date consisted of medication management, activity modification, hydrotherapy, acupuncture, extracorporeal shockwave procedure. A utilization review on 1/8/2014 denied the request for Norco 5/325 stating that the clinical information available for review does not meet preliminary guidelines. They mentioned that they have been unable to speak directly with the requester. However, no clinical information was provided as to why the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 5/325MG, #40: 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 Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, medication use, and side effects. In a progress note dated 1/03/2014, it is documented that medications have not been effective, and that the patient's pain is not being controlled. In the reports reviewed, there is no documentation addressing the issue of weaning. Furthermore, there is no documentation of a pain contract. Therefore, the request for Norco 5/325 #40 is not medically necessary.