

Case Number:	CM14-0118761		
Date Assigned:	08/06/2014	Date of Injury:	10/02/2008
Decision Date:	09/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old female who reported an injury on 10/02/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 10/02/2008 indicated diagnoses as status post fluoroscopically-guided bilateral L4-5 and bilateral L5-S1 facet joint radiofrequency nerve ablation, positive fluoroscopically-guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch blocks, right knee pain, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, right degenerative MMT, right knee internal derangement, right knee osteoarthritis, lumbar sprain/strain secondary to antalgic gait for knee injury, and asthma. The injured worker reported right knee pain, buckling, popping, and intermittent swelling. The injured worker reported 50% improvement for bilateral low back pain since receiving fluoroscopically bilateral L4-5 and bilateral L5-S1 facet joint radiofrequency nerve ablation. The injured worker reported the factors that exacerbated her pain were prolonged sitting, prolonged standing, and squatting, and the mitigating factors were elevating her leg. The injured worker reported her medications were ketoprofen, Norco, naproxen, and Soma. On physical examination of the lumbar spine there was tenderness to the lumbar paraspinal musculature over the bilateral L3 to S1 facet joints with tenderness upon palpation of the medial joint line. The extension was worse than flexion. The injured worker had a positive McMurry's and Appley's tests. The lumbar and right knee provocative maneuvers were positive and the injured worker had lumbar spasms. The injured worker had an antalgic gait favoring the right knee. The injured worker's treatment plan included recommendation for a total knee replacement, prescription for hydrocodone, Soma, followup in 4 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted a

request for Norco. A request for authorization was submitted on 03/26/2014. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for use; Ongoing management; Recommended frequency of visits while in trial phase; when to discontinue opioids; when to continue opioids Weaning of medications:Opioids, specific drug list: Therapeutic trial of opioids Page(s): 78-80, 124, 92,76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78; 91.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment with the injured worker's pain level functional status and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency. In addition, it was not indicated how long the injured worker had been utilizing this medication. Additionally, it was indicated if the injured worker had signed a opiate contract. Therefore, the request for Norco is not medically necessary.