

Case Number:	CM14-0120094		
Date Assigned:	09/16/2014	Date of Injury:	04/30/2008
Decision Date:	10/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 is a 58-year-old male with a 4/30/08 date of injury. A specific mechanism of injury was not described. According to a progress report dated 4/7/14, the patient was status post bilateral knee replacement with continued pain. He rated his low back pain as 7/10 radiating to the bilateral lower extremities. Objective findings: tenderness to palpation was present in the knee and lumbar region. Diagnostic impression: status post bilateral total knee arthroplasty, lumbar radiculitis. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/11/14 modified the request for Norco from 120 tablets to 60 tablets for weaning purposes. Medical records indicate long-term use of Norco without evidence of clinical efficacy. Therefore, continuation of the medication is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120, for the lumbar spine and right knee.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA 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, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, a urine drug screen dated 2/3/14 was inconsistent for hydrocodone. There is no documentation that the provider has addressed this issue. Therefore, the request for Norco 10/325mg, #120, for the lumbar spine and right knee was not medically necessary.