

Case Number:	CM14-0126353		
Date Assigned:	08/13/2014	Date of Injury:	09/24/2010
Decision Date:	09/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Interventional Spine 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:

The patient is a 32 year-old male with the date of injury of 09/24/2010. The patient presents with pain in his lower back and right knee. There is tenderness along the lumbar paraspinal muscles. The patient walks with wide based antalgic gait. The patient is currently taking Percocet, Norco and Motrin as an-needed basis. According to [REDACTED] report on 06/25/2014, diagnostic impressions are: 1) Discogenic lumbar condition with a radicular component with SI radiculopathy documented by EMGs 2) Internal derangement of the knee on the right S/P arthroscopy and synovectomy in 2012 3) The patient has an element of weight gain 4) The patient has an element of depression and sleep. The utilization review determination being challenged is dated on 07/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/31/2013 to 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91-92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89.

Decision rationale: The patient presents with persistent pain in his lower back and right knee. The request is for Norco 10/325mg #90. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six months, and page 78 requires documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behavior). Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. There are no reports provided regarding Norco, except [REDACTED] report on 07/23/2014 stating, "He tried oxycodone 30mg, which is more effective than Norco and Percocet." There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Norco or how Norco has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore, the request is not medically necessary.

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68.

Decision rationale: The patient presents with persistent pain in his lower back and right knee. The request is for Motrin 800mg #90. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Motrin or how Motrin has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic NSAIDs use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore the request is not medically necessary.

Mareocet 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91-92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89.

Decision rationale: The patient presents with persistent pain in his lower back and right knee. The request is for Percocet 10/325mg #30. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six months, and page 78 requires documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behavior). Furthermore, under outcome measure, it also recommends

documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. There are no reports provided regarding Percocet, except [REDACTED] report on 07/23/2014 stating, "He tried oxycodone 30mg, which is more effective than Norco and Percocet." There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Percocet or how Percocet has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore, the request is not medically necessary.