MAXIMUS Federal Services

Case Number:	CM14-0151112		
Date Assigned:	09/19/2014	Date of Injury:	12/30/2013
Decision Date:	12/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 33-year-old male who reported an injury on 12/30/2013 due to an unspecified mechanism of injury. He is diagnosed with low back pain and meniscus tear of his left knee. His past treatments include medications. On 08/27/2014, the injured worker reported continued left knee and low back pain. He indicated his medications helped with pain about 50% and kept his pain under control to maintain his function. Upon physical exam, he was noted to have decreased range of motion in the left knee and lumbar spine. His current medications included Norco 5/325 mg once a day as needed and diclofenac ER 100 mg once a day. The treatment plan included refill medications, pending orthopedic evaluation of the left knee, continuation of TENS unit and self-care, and also a possible evaluation in 09/2014. A request for Norco 5/325 mg, #30, was submitted. However, the rationale for the request was not provided. A Request for Authorization was submitted on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Pain Outcomes and Endpoints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), When to Discontinue Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; On-going Management Page(s): 78.

Decision rationale: The request for Norco 5/325 mg, #30, is not medically necessary. The injured worker complained of pain. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include current pain level, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. He was noted to be on Norco since at least 05/27/2014. The injured worker does indicate that the medications do help with about 50% with his pain and is able to maintain his function. However, the documentation submitted for review does not clearly indicate that the use of Norco has significantly increased his ability to perform activities of daily living. There was also no documentation showing consistent results on a urine drug screening, verifying appropriate use of medication. Based on the documentation, continued use of Norco would not be supported by the guidelines. Additionally, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.