

Case Number:	CM14-0154881		
Date Assigned:	09/24/2014	Date of Injury:	10/14/2009
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 60-year-old with a reported date of injury of 10/14/2009. There are no provided progress notes by any treating physician included for review. Per the utilization review, the patients complaints consisted of right leg pain, low back pain, pain radiating got the right leg, anxiety and insomnia. A recent physical exam from 08/08/2014 noted slight swelling of the right knee and tenderness over the medial region with restricted range of motion. The lumbar paraspinal muscles were tender to palpation with spasm as was the sacroiliac joint. There was decreased lumbar range of motion and positive straight leg raise on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen; On-Going Management Page(s): 91; 78-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s):) 76-84.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the long-term use of this medication is not recommended unless certain objective outcome measures have been met. There are no provided objective outcome measure that shows significant improvement in function

while on the medication .There is no provided documentation to show failure of other conservative measures. For these reasons criteria for ongoing and continued use of the medication cannot be verified and thus is not met. As such, the request is not medically necessary and appropriate.

Follow-up in 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 08/25/2014), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Per the ACOEM Guidelines, physician follow up is appropriate when relapse to modified, increased or full duty is needed or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every 4-7 days if the patient is off work and every 7 -14 days if the patient is working. In this case there is no provider documentation provided for review. There is no way to assess the physician's concerns, patient's signs or symptoms, clinical stability or change in therapy. Without this documentation, the request cannot be certified.