

Case Number:	CM14-0029086		
Date Assigned:	06/16/2014	Date of Injury:	04/07/2003
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational Medicine / MRO Certified 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 51y/o male, DOI 4/7/03. Subsequent to his injury he developed chronic knee problems which eventually lead to a total knee arthroplasty in early '12. He has also developed chronic low back pain which has been diagnosed as facet mediated pain. His current provider has performed facet neurotomies and stated that they provided greater than 50% relief for 2 years. However, the patient has recently told the AME evaluator that the neurotomies last only a few months and he does not want another one. He is currently treated with analgesic medications which include chronic daily opioid use. Utilization Review has recommended tapering of the opioids as there is no evidence of objective functional improvements nor is there evidence of improved VAS scores secondary to the opioid use. The AME medical history documents a lack of opioids in the drug screens given 12/2/12, 3/19/13 and 9/19/13. Opioids were prescribed during this time period. A drug screen on 6/11/13 is reported to have shown amphetamines. Subsequent drug screen on 9/10/13 is negative for amphetamines and positive for low levels of hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG 1-2 TABS PO QID PRN (WATSON BRAND) # 210 WITH NO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines weaning of medications, opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (outcome measures) (when to discontinue opioids) Page(s): 81,79.

Decision rationale: At this point in time, the U.R. recommendation for tapering and eventually discontinuing use appears consistent with MTUS chronic pain guidelines. This is based on two factors: There are no improved functional outcomes secondary to the chronic opioid use and there appears to be evidence of drug misuse in the records sent for review. At this point in time the chronic opioid use is not supported by MTUS Chronic pain guidelines and therefore it does not appear medically necessary.