

Case Number:	CM14-0042866		
Date Assigned:	06/20/2014	Date of Injury:	02/10/2010
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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:

The Injured worker is a 50 year old male who reported an injury on 02/10/2010. The injured worker complained of constant sharp bilateral knee pain, which he rates at 6/10 and commented that the pain had remained unchanged since last visit. The injured worker indicated that the medications are helping him with his pain. On physical exam dated on 02/07/2014 there was diffuse tenderness to palpation over the lumbar paraspinal muscle, with a moderate facet tenderness noted at the L4-S1 levels. The injured worker continues to have low back pain that is aggravated by prolonged standing and walking. The pain increases with extension and lateral bending. The injured worker reported that he continues to have a burning sensation with hot/cold temperature changes. The medications included Norco, Naprosyn, and tizanidine. The injured worker diagnoses are lumbar disc disease, lumbar facet syndrome, lumbar radiculopathy, coccydynia, status post bilateral knee arthropathy, and left foot complex regional pain syndrome. The treatment plan was for Norco 10/325mg. The authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

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

Decision rationale: The request for Norco 10/325mg is not medically necessary. The injured worker complained of constant sharp pain to bilateral knee. The injured worker was taking Norco, Naprosyn, and Tizanidine which he stated were helping. Chronic Pain Medical Treatment Guidelines state that criteria for use for on-going management of opioids include on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also states that the four domains have been proposed as the most relevant for on-going monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation submitted for review indicates that the Norco is helping the injured worker, however there is no documentation regarding pain relief. There is no assessment regarding consistent urine toxicology testing. There was no documentation on medication side effects. In addition the request does not state the frequency of the proposed medication; as such the request is not medically necessary.