

Case Number:	CM14-0044200		
Date Assigned:	06/20/2014	Date of Injury:	01/14/2011
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 New Jersey. 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 worker is a 42 year old male who was injured on 1/14/11. He later was diagnosed with lumbar degenerative disc disease with neural foraminal narrowing causing back pain and radiculopathy, lumbar facet syndrome, right knee medial meniscus tear and internal derangement, right knee sprain/strain, and cervical disc disease (diagnosed and treated in 2003). Over the years he was treated with oral medications, including opioids, surgeries (cervical spine, right knee), epidural steroid injections, neural blocks, and physical therapy/rehabilitation. On 9/17/13, the worker was seen by his orthopedic physician complaining of weakness of the upper extremity, but mainly his lumbar spine pain with associated bilateral leg pain and a significant amount of numbness. Physical examination revealed spastic gait with assistance of a cane, diminished sensation on left leg, and tenderness in the spine. Norco was then prescribed for his worsening pain, which was continued over the following months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/500mg, #90 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, the following needs to happen: ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, side effects are monitored, and consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the documents provided and encounters following the beginning of the worker's use of Norco, insufficient evidence was found for its effectiveness to reduce pain or improve function in this individual. Without evidence that the criteria for continued use of Norco is being reviewed by the worker's physician, the Norco is not medically necessary.