MAXIMUS Federal Services

Case Number:	CM14-0045254		
Date Assigned:	06/27/2014	Date of Injury:	08/20/2008
Decision Date:	09/24/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Medicine 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 66-year-old male who reported an injury on 08/20/2008. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine discopathy, lumbar spine discopathy, right knee internal derangement, right shoulder impingement syndrome, and status post left knee arthroplasty. The previous treatment included medication, surgery, and physical therapy. Diagnostic testing included an MRI. Within the clinical note dated 04/03/2014, it was reported the injured worker complained of intermittent knee pain. Upon the physical examination, the provider noted the injured worker had a positive Phalen's test. The provider noted the injured worker had tenderness to the cervical spine with limited range of motion. The injured worker had a positive compression test. Upon the examination of the lumbar spine, the provider noted the injured worker had pain and tenderness with stiff, achy, and limited range of motion. The provider indicated the injured worker had a positive straight leg raise. The request submitted is for Norco. However, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/3235 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiod analgesic; Opiods for chronic pain; Opiods, long-term assessment.

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 7.5/3235 mg #40 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.