

Case Number:	CM14-0048487		
Date Assigned:	07/02/2014	Date of Injury:	09/18/2013
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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, 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 61-year-old male who has submitted a claim for bilateral elbow pain, low back pain and left knee pain associated with an industrial injury date of September 18, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent bilateral elbow pain primarily over the medial epicondyle. He also complains of low back pain with radiation into both lower extremities as well as left knee pain. Pain is rated at 8/10, and aggravated with prolonged sitting and especially with ambulation which causes his significant increase in knee and back pain. Physical examination of the elbows showed tenderness bilaterally over the medial epicondyle. He has full range of motion in both shoulders, elbows and wrists. Examination of the lumbar spine revealed bilateral lumbar paraspinous tenderness. No palpable muscle spasm noted. The patient has both medial and lateral joint line tenderness of the left knee. There is no obvious swelling or crepitus present. Treatment to date has included nonsteroidal anti-inflammatory drugs (NSAIDs) and opioids. Utilization review from April 4, 2014 modified the request for Norco 10/325 mg one to two three times a day allow patient this one refill for the purpose of weaning to discontinue to reduction of med by 10-20% per week over a weaning period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG One To Two Three Times A Day Allow Patient This One Refill For The Purpose Of Weaning To Discontinue: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, criteria for use.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. To add, according to the ODG, routine long-term opioid therapy is not recommended and long-term use includes the risk of ongoing psychological dependence with difficult weaning. In this case, patient has been taking opiate medication since 2013. The medical records likewise did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Medical benefit was not established and proper weaning should be initiated. Therefore, the request for Norco 10/325 MG One To Two Three Times A Day Allow Patient This One Refill For The Purpose Of Weaning To Discontinue is not medically necessary.