

Case Number:	CM14-0056219		
Date Assigned:	07/02/2014	Date of Injury:	01/07/2000
Decision Date:	08/07/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/15/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 7, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; three prior lumbar spine surgeries; a left knee total knee replacement surgery; wheelchair; and opioid therapy. In a Utilization Review Report dated March 24, 2014, the claims administrator apparently partially certified Norco #180 as Norco #150, reportedly for weaning purposes. It was suggested that the applicant had not demonstrated any functional improvement with ongoing Norco usage. The applicant's attorney subsequently appealed. In an April 11, 2014 progress note, the applicant was described as having persistent complaints of low back and knee pain. Lying down reportedly made the applicant's pain worse. The applicant was using Cymbalta, doxycycline, enalapril, Evista, folate, Lasix, Neurontin, Norco, Levoxy, MiraLax, Neurontin, oxybutynin, tetracycline, Vibramycin, and Coumadin, it was stated. The applicant was using a walker to move about. Diminished sensorium was noted about the lower extremity. Lower extremity strength was diminished. Cymbalta, Neurontin, and Norco were sought. The attending provider stated that the applicant did not fill out a pain-related impairment questionnaire and there were no aberrant drug use noted here. The attending provider stated that the applicant was going to appeal the decision to wean Norco through the Independent Medical Review process. In an earlier progress note of February 3, 2014, the attending provider noted that the applicant was having persistent complaints of low back and bilateral knee pain, 8/10. Even basic activities such as lifting were worsening the applicant's pain. The applicant was using a walker to move about. Decreased grip strength was noted. Diminished right lower strength was also noted. The applicant was using a walker to move about. The applicant was asked to continue Cymbalta, Neurontin, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG, #180 (Take one po 4-6hrs prn): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working. The applicant's pain complaints are still heightened, in the 8/10 range, despite ongoing Norco usage. The applicant is having difficulty performing even basic activities of daily living, including walking, lifting, and lying down, despite ongoing Norco usage. Norco does not appear to be generating the requisite improvements in pain and function needed to justify continuation of the same. Therefore, the request is not medically necessary.