

Case Number:	CM14-0056945		
Date Assigned:	07/09/2014	Date of Injury:	01/02/1998
Decision Date:	08/21/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 71 year old female who had a reported date of injury of 01/02/98. The injured worker stood up from a chair, lost her footing and fell on her knees. The treatment has consisted of prior lumbar surgery in 1981, a fusion, a right knee arthroscopy, epidural steroid injection at L3-4 with 30% improvement, and a total knee replacement on the right. The most recent medical record submitted for review dated 05/28/14 the injured worker was seen for a routine follow up. The injured worker reported having constant, severe pain in her lower back and right knee with 8/10, on the visual analog scale (VAS), pain in severity. The pain radiates from her low back down to the hips and to the sides of her legs. A physical examination revealed the injured worker is alert and oriented, her speech is intact, her gait is slow and steady and she has persistent knee pain since 2006. The injured worker received a BioniCare knee brace. The patient's diagnoses included post-laminectomy syndrome lumbar region and morbid obesity. The injured worker has had a prior utilization review on 03/21/14 which was denied. In reviewing all of the medical documents submitted, her VAS scores are constant between 8 and 9 on a scale of 0 to 10. There is no functional improvement noted. And there have been no urinary drug screens submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 2/25/14 - Norco 10 / 325 mg 3 month supply ; Quantity 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

Decision rationale: The request for Norco 10 / 325 mg 3 month supply with a quantity of 270 is not medically necessary. The clinical documentation submitted for review does not support the request. In reviewing all of the medical documents submitted, her visual analog scale scores are constant between 8 and 9 on a scale of 0 to 10. There is no functional improvement noted. Also, there have been no urinary drug screens submitted for review. Therefore medical necessity has not been established.