

Case Number:	CM14-0066417		
Date Assigned:	07/11/2014	Date of Injury:	01/15/2008
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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:

Patient is a 55-year-old female who has submitted a claim for lumbar musculoligamentous strain, rule out herniated nucleus pulposus, left lower extremity radiculopathy, status post total left knee replacement, right knee strain, bilateral wrist strain, and right foot strain associated with an industrial injury date of 1/15/2008. Medical records from 2012 to 2014 were reviewed. Patient complained of constant low back pain radiating to bilateral lower extremities, left worse than right. Patient had persistence of symptoms despite medications, physical therapy, and epidural steroid injection. Progress report from 1/15/2014 stated that pain severity decreased from 7 to 8/10 into 3-4/10 upon intake of medications. Physical examination revealed a mildly antalgic gait. Tenderness was evident at the paralumbar muscles. Range of motion of the lumbar spine was restricted. Sensation was diminished along the left L5 and S1 dermatomes. Treatment to date has included lumbar epidural steroid injection, physical therapy, total left knee replacement, and medications such as Norco (since 2012), Ibuprofen, and Venlafaxine. Utilization review from 5/1/2014 denied the request for Norco 10/325mg #200 because there were no urine drug screens to verify compliance or evidence of functional benefit with its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2012. Progress report from 1/15/2014 stated that pain severity decreased from 7 to 8/10 into 3-4/10 upon intake of medications. However, the medical records did not clearly reflect continued functional benefit, or a lack of adverse side effects. Urine drug screen results were likewise not submitted for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #200 is not medically necessary.