

Case Number:	CM14-0067968		
Date Assigned:	07/11/2014	Date of Injury:	07/17/2002
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 and Florida. 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 72 year old male who was injured on 7/17/2002. The diagnoses are low back pain and right knee pain. The past surgery history is significant for right knee arthroscopy. The MRI of the lumbar spine was significant for multilevel degenerative disc disease and severe facet joints arthrosis. On 4/16/2014, [REDACTED] noted subjective complaints of low back pain radiating to the right lower extremity. The pain score was reported to be 7-8/10 on a scale of 0 to 10. There is a 50% reduction in the pain with the utilization of pain medications. The objective findings were antalgic gait, positive straight leg raising test, decreased over the right lower extremity and tenderness over the knee and sacroiliac joints. The medications are Norco and Lyrica for pain, Glucosamine for arthritis, and Zanaflex for muscle spasm. The NSAID- Lodine was stopped because of gastrointestinal upset. A Utilization Review determination was rendered on 4/29/2014 recommending modified certification for Norco 10/325mg #120 to #79 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, long-term assessment; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioid could be utilized for exacerbations of chronic pain and for maintenance treatment when standard treatment with NSAIDs, physical therapy, behavioral modifications, interventional pain procedures and surgical options have been exhausted. The records indicate the the patient have completed physical therapy, epidural injections, and knee arthroscopic surgery. The patient could no longer tolerate NSAIDs due to persistent gastrointestinal upset. The patient was compliant with medications utilization. There is documented reports of reduction in pain scores and increase in ADL with the utilization of the medications. The criteria for the use of Norco 10/325mg #140 was met. This request is medically necessary.