

Case Number:	CM14-0081935		
Date Assigned:	07/21/2014	Date of Injury:	04/02/2001
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 injured worker is a 40 year old male who had a work related injury on 04/02/01. He was injured when he fell at work on 04/07/01, from an A frame which was about 4-5 above the ground and landed on his feet. He immediately developed pain in his right knee and had difficulty standing on his right leg and walking. An MRI of the knees revealed changes in the meniscus and anterior cruciate ligament injury. He underwent arthroscopic surgery on 06/11/01 for medial meniscus repair and anterior cruciate ligament reconstruction utilizing the hamstring tendon. He has physical therapy postoperatively. The injured worker is very pleased with the result of his knee surgery and he has no ongoing complaints for occasional pain with cold weather. He continues to struggle with low back pain. He has tried to return to work on many occasions but was unable to remain employable due to his low back pain. MRI of the lumbar spine was done in 2003 and revealed multiple levels of disc bulging and facet arthropathy at L4-5 and L5-S1. He was seen by a spine surgeon in 2004 and did not feel that the injured worker was a surgical candidate. He was then involved in a motor vehicle accident in 2005 when he sustained a mid-back injury and closed head injury. He fell at home on stairs and felt a pop in his low back and noticed less pain in his lower back after the fall. The most recent clinical record submitted for review is dated 05/20/14. The injured worker presented with no change in low back pain that was described as constant, sharp, dull, and radiated to the buttocks with numbness and tingling of the low back area. His pain intensity was rated 6-7/10, which was aggravated by movement, bending, and lifting. He stated the medication reduced pain by 40-50%, keeps cognition clear, and enabled function. He began a functional restoration program and was motivated to learn new tools and skills on how to live with chronic pain and decreased medication use. There were also findings of mild tenderness along the right knee medial joint line. He was diagnosed with chronic pain syndrome, lumbar degenerative disc disease, lumbar

stenosis, lumbar radiculitis, left facet joint disease, and status post right knee arthroscopic surgery. He is currently not working. A drug screen performed on 04/20/14 detected Hydrocodone and Hydromorphone which was consistent with prescribed treatment. However, there was also a presence of marijuana metabolite which was an inconsistent test which was not addressed during the 05/20/14 visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's, page Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications and the injured worker is not working. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for a prescription of prescription of Norco 10/325mg #140 is not medically necessary and appropriate.