

Case Number:	CM14-0161451		
Date Assigned:	10/06/2014	Date of Injury:	09/18/2002
Decision Date:	02/19/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male with a date of injury of 9/18/02. The patient is being treated for thoracic pain, knee pain, low back pain, pain in joint of the lower leg, carpal tunnel syndrome and lateral epicondylitis. Subjective findings on 1/13/15 include lower back pain, 3/10 on medications, 9/10 without medications and right knee pain. Objective findings include obesity with BMI of 35; lumbar spine ROM flexion 75 degrees, extension 15 degrees, lateral bending 20 degrees bilaterally, paravertebral muscle tightness on both sides, negative straight leg raise and normal reflexes in the lower extremity; normal sensation to light touch in all extremities; 4-/5/5 motor strength in extremities but limited by pain; right knee deformity with quadriceps atrophy and wearing brace, tenderness to palpation on lateral and medial joint line. EMG 11/28/12 reported as chronic left L5 lumbar radiculopathy, chronic right L5 lumbar radiculopathy. MRI left knee 8/21/12 showed mild degenerative changes in patellar compartment, contusion in patella, small ganglion cyst. MRI of Lumbar spine on 8/21/12 revealed mild dextroscoliosis, grade-1 retrolisthesis of L2 upon L3 and L3 upon L4; L2-3 mild diffuse disc bulge, mild to moderate right and mild left neural foraminal stenosis; L3-L4 posterior annular tear and disc bulge with mild bilateral neural foraminal stenosis; L4-5 left foraminal tear, mild retrolisthesis, diffuse disc bulge mild right and moderate to severe left neural foraminal stenosis; L5-S1 posterior annular tear, diffuse disc bulge, indentation of right S1 traversing nerve root, moderate right and mild to moderate left neural foraminal stenosis. Previous treatments have included lumbar epidural steroid injection x 4, medications (Norco, Cymbalta, Neurontin, Avinza, amitriptyline, bupropion, meloxicam, MSContin, Kadian) knee unloading brace. The Utilization

Review on 9/26/14 for Norco 10/325 mg, #120 was modified to facilitate weaning since there is no documentation of functional improvement or return to full duty status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, increased level of function, or improved quality of life. As such, the Norco10/325mg, #120 is not medically necessary.