

Case Number:	CM14-0182783		
Date Assigned:	12/12/2014	Date of Injury:	06/16/2009
Decision Date:	04/24/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male with a date of injury of 06/16/2009. The mechanism of injury was a slip and fall. The injured worker's current diagnoses include degenerative disc disease in L spine with chronic neck and low back pain; and torn meniscus, right knee. Past treatment includes the use of acupuncture therapy, the use of an H-Wave machine, and the use of a cane. Diagnostic studies include an MRI of the right knee dated 10/30/2012, which revealed a medial meniscus tear, partial extrusion, grade 3 to 4 patellofemoral chondromalacia with a tendency towards a lateral patellar subluxation, joint effusion, tricompartmental degenerative changes, and spur formation. The records also indicated the injured worker had a lumbar MRI performed, although it was undated, which revealed slight bulges at L4-5 and L5-S1. There is no evidence of relevant surgical history. Subjective complaints on 10/21/2014 included lower back pain, knee pain, and neck pain. Objective findings revealed swelling in the right knee, with an otherwise stable joint. There was noted to be decreased range of motion with difficulty walking because of the pain in the lower back. Medications included the use of Norco and OxyContin. The treatment plan included the use of OxyContin and Norco to treat pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78-80.

Decision rationale: Based on the clinical information submitted for review and the California MTUS Guideline recommendations, this request is not supported. The guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical documentation submitted for review showed no indication of documentation of the injured worker's pain relief, functional status, the use of drug screening, or any side effects brought on by the medications. In addition, the clinical records did not indicate exactly how long the injured worker has been using Norco to treat pain. Given all of the above, the request for Norco 10/325 mg #180 is not medically necessary.

Oxycontin 80 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78-80.

Decision rationale: Based on the clinical documentation submitted for review and the California MTUS Guideline recommendations, this request is also not supported. California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical records showed no indication of the documentation of pain relief or functional status; there was no indication of the use of drug screening; and no indication of side effects brought on by the medications. In addition, the guidelines state that the use of OxyContin is for treatment of moderate to severe pain when a continuous around the clock analgesic is needed for an extended period of time. OxyContin tablets are not supported for use as an as needed analgesic. Given all of the above, the request for OxyContin 80 mg #90 is not medically necessary.