

Case Number:	CM14-0195704		
Date Assigned:	12/03/2014	Date of Injury:	06/02/1998
Decision Date:	01/20/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51-year-old male with an injury date of 06/02/96. Based on the 10/13/14 progress report, the patient complains of low back and left knee pain rated 7/10. Physical examination to the lumbar spine on 10/13/14 revealed discrete tender low back/lumbar trigger points. Patient presents with antalgic gait, and examination to the left knee revealed tenderness over the left medial joint line. Previous trigger point injections on 06/24/14 decreased patient's pain up to 50% and increased functional ADLs and exercises. Per progress report dated 06/24/14, patient's medications include Norco, Ibuprofen, Flexeril and Prilosec. Patient takes Norco for moderately severe pain, which has been prescribed in progress reports dated 03/04/14 and 10/13/14. Diagnosis 03/04/14, 10/13/14 - Degenerative lumbar disc disease with myofascial pain syndrome - Internal derangement, left knee - Chronic pain syndrome The utilization review determination being challenged is dated 10/22/14. The rationale for the denial is "excessive duration of use". Treatment reports were provided from 03/04/14 to 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88,89 76-78.

Decision rationale: This patient presents with pain in left knee and low back, discrete tender low back/buttock trigger points, an antalgic gait, and tenderness over the left medial joint line, with pain rated at 7/10. The request is for NORCO 5/325 MG #30. Previous trigger point injections on 06/24/14 decreased patient's pain up to 50% and increased functional ADLs and exercises. The diagnosis is degenerative lumbar disc disease with myofascial pain syndrome, chronic pain syndrome and internal derangement of left knee. For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Progress report on 10/13/14 states that "...trigger point injections done on 06/24/14 had allowed the claimant to decrease his pain up to 50% and increase functional ADLs and exercise." However, treater has not stated how Norco decreases pain and significantly affects patient's activities of daily living. The 4A's are not specifically addressed including discussions of analgesia, adverse side effects, aberrant drug behavior, ADL's, etc. There are no UDS's submitted. There are no discussions regarding return to work or change in work status. Given the lack of documentation as required by MTUS, the request is NOT medically necessary.