

Case Number:	CM14-0198514		
Date Assigned:	12/08/2014	Date of Injury:	10/12/2005
Decision Date:	01/21/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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:

This patient is a 65 y/o male who has developed a chronic pain syndrome subsequent to an injury dated 10/12/05. He has been treated with bilateral knee replacements and mid lumbar facet rhizotomies. He is reported to have diffuse mild to moderate lumbar spondylosis without significant neural impingement. He complains of diffuse lower leg burning and pain VAS 8-10/10. No detailed neurological exam or electrodiagnostics results for possible neuropathy are found in the chart. He is treated with Norco 10/326 q 6 hours, Neurontin was recently discontinued due to side effects. For his depression and anxiety he is prescribed Wellbutrin, Klonopin and Restoril by his treating Psychiatrist. There are check boxes that state his ADL and activities are improved with the pain meds, however there are no objective measures reported and requests for home care continue. On each visit his pain is reported to be 9-10/10 VAS.

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 Every 6 Hours for 30 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures/Opioids Page(s): 48/78-80.

Decision rationale: California MTUS Guidelines have specific recommendations for the long term use of Opioid medications. These recommendations include reasonable pain relief associated with functional improvements. Guidelines also provide what are reasonable objective means to document functional improvements. For this individual, this standard is not met. There are no objective improvements documented and the level of impairment has not diminished with the addition of opioids. At this point in time the long-term use of Opioids is not consistent with Guidelines and the Norco 10/325mg. #120 every 6 hours is not medically necessary.