

Case Number:	CM14-0204550		
Date Assigned:	12/16/2014	Date of Injury:	01/11/2013
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/08/2014

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 Georgia. 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 female presenting with a work-related injury on January 11, 2013. The patient is status post L5 - S1 microdiscectomy. On September 15, 2014 the patient complained of low back pain as well as the knee and ankle pain. MRI scan of the right knee revealed routine degenerative changes. The patient has tried formal physical therapy. The patient was also taking Norco 10/325 number 120. Additional medication includes Prilosec 20 mg. The physical exam was significant for lumbar spine and paraspinal muscle tenderness and spasm, benign surgical scar which is pain free is nontender, antalgic gait, with difficulty to walking, walking, kneeling and squatting, right knee with patellofemoral patient, and fusion in the area on the right ankle, left ankle and painful, swollen and tender, tenderness of the deltoid area, tenderness in lateral ligament of the ankle area. The patient was diagnosed with left ankle sprain, right knee internal derangement, lumbosacral sprain and strain. According to the medical records the patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation American College Occupational Environmental Medicine (ACOEM), Chapter 6

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Norco 10/325 mg, #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.