

Case Number:	CM14-0204629		
Date Assigned:	12/16/2014	Date of Injury:	02/01/2003
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
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 Emergency 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:

The injured worker is a 54 year-old male, who sustained an injury on February 1, 2003. The mechanism of injury is not noted. Diagnostics have included: October 21, 2014 drug screen reported as showing positive for Hydrocodone. Treatments have included: medications, physical therapy. The current diagnoses are: chronic pain syndrome, lumbar disc disease and radiculitis. The stated purpose of the request for Norco 10/325 mg #90 was for pain. The request for Norco 10/325 mg #90 was modified for QTY # 72 on November 21, 2014, citing a lack of documentation of functional improvement. Per the report dated November 13, 2014, the treating physician noted complaints of low back and right knee pain. Exam showed lumbar tenderness, spasm and restricted range of motion, with right knee lateral joint line tenderness with crepitus. The requested Norco 10/325 mg #90 is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, The injured worker has low back and right knee pain. The treating physician has documented lumbar tenderness, spasm and restricted range of motion, with right knee lateral joint line tenderness with crepitus. This medication has been prescribed since at least October 2012. The criteria noted above not having been met, Norco 10/325 mg #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80 and 80-82.

Decision rationale: The requested Norco 10/325 mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and right knee pain. The treating physician has documented lumbar tenderness, spasm and restricted range of motion, with right knee lateral joint line tenderness with crepitus. This medication has been prescribed since at least October 2012. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325 mg #90 is not medically necessary.