

Case Number:	CM14-0098817		
Date Assigned:	07/28/2014	Date of Injury:	06/26/1997
Decision Date:	02/17/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 Management 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 57 year old female presenting with a work related injury on 06/26/1997. The covered areas are new left shoulder, low back, and both knees. The patient is status post three surgeries in the left knee with the first one performed in June 2011. The patient has also undergone right knee surgery. MRI of the lumbar spine on December 11, 2013 was significant for disc herniation at L4 - L5 with neural foraminal impingement bilaterally, severe degenerative disc disease at this level; disc desiccation at the L5 - S1 level but no herniation. MRI of the lumbar spine on December 23, 2011 was significant for facet hypertrophic changes most prominent L3 - L4 through L5 - S1, this causes narrowing of the injured zone to the right neural foramen at L3 - L4 and bilateral moderate foraminal stenosis at L4 - L5, small protrusion at L4 and L5, tiny annular fissure at L3 - L4, notable endplate react disc signal change across L4 - L5. The physical exam was significant for hypertonicity, spasm, tenderness and tight muscle band at the lumbar spine paravertebral muscles; lumbar facet loading is positive, straight leg raise testing is positive on both sides sitting at 60 and in supine position. Right shoulder movements are restricted with abduction limited to 180 limited by pain; Hawkins test is positive; speeds test is positive; drop arm test is positive to me: on palpation tenderness is noted in the subdeltoid bursa. Left shoulder movements are restricted with abduction limited to 150 limited by pain. Left knee reveal surgical scar there is mild effusion of the left knee joint. Motor test is limited by pain, sensory examination to light touch is patchy in distribution, knee-jerk is 1/4 on both sides, chest is elliptical in shape with bilateral symmetrical respiratory movements, Waddell's sign was negative. The patient was diagnosed with lumbar radiculopathy, knee pain, pain in joint lower leg, low back pain, and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

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

Decision rationale: Norco 10/325mg, QTY 90 with one refill is not medically necessary. Page 79 of MTUS Chronic Pain Medical Treatment 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.