

Case Number:	CM15-0001700		
Date Assigned:	01/12/2015	Date of Injury:	08/01/2007
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 08/01/2007. He had reported right knee and back injuries. The diagnoses have included chronic pain syndrome, disc displacement with radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, sacroilitis, scoliosis, knee joint replacement, and pain in ankle and foot joint. Treatments to date have included knee surgery, physical therapy, lumbar facet joint and epidural steroid injections, and medications. Diagnostics to date have included MRI of the lumbar spine on 11/19/2008 which showed mild broad based posterior annular bulge at L4-5 and minimal posterior annular bulge at L5-S1. Currently, the IW complains of low back pain with radicular pain and bilateral arthritic knee pain. The physician stated the injured worker is suffering from chronic pain syndrome secondary to multifactorial causes. On 12/09/2014, the injured worker submitted an application for IMR for review of 1 Prescription of Norco 10/325mg #60 with 1 refill. On 12/16/2014, Utilization Review modified the above request to 1 Prescription of Norco 10/325mg #39 between 12/04/2014 and 02/13/2015 noting the injured worker does not demonstrate either pain or functional improvements from this medication and weaning remains indicated at this time. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with norco usage. Therefore, the request is not medically necessary.