

Case Number:	CM15-0103854		
Date Assigned:	06/08/2015	Date of Injury:	11/29/2012
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50-year-old male, who sustained an industrial injury on November 29, 2012. He reported falling from a ladder with multiple injuries. The injured worker was diagnosed as having spine/thoracic degenerative disc disease, spinal cord injury, and knee pain. Treatment to date has included physical therapy, MRIs, x-rays, and medication. Currently, the injured worker complains of a lower backache. The Primary Treating Physician's report dated May 5, 2015, noted the injured worker rated his pain without medications as 8 on a scale of 1 to 10, and with medications as a 7. The injured worker's current medications were noted to include Flexeril, Lyrica, Omeprazole DR, Norco, Aspirin EC, Atenolol, and Metoprolol. Physical examination was noted to show the injured worker with an antalgic gait and tenderness to palpation over the right knee medial joint line with a positive McMurray's test. The treatment plan was noted to include medications refilled including modified Norco, Flexeril, Lyrica, and Omeprazole, and request for authorization of additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 78-88.

Decision rationale: The injured worker sustained a work related injury on November 29, 2012. The medical records provided indicate the diagnosis of spine/thoracic degenerative disc disease, spinal cord injury, and knee pain. Treatment to date has included physical therapy, and medication. The medications include Flexeril, Lyrica, Omeprazole DR, Norco, Aspirin EC. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 12/17/2013, but with no overall improvement in pain and function. There is no evidence that the pain and functional improvement is being compared to baseline levels as is recommended by the MTUS when opioid is taken for longer than 6 months.