

Case Number:	CM15-0106566		
Date Assigned:	06/10/2015	Date of Injury:	11/15/2012
Decision Date:	07/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 56-year-old female, who sustained an industrial injury on 11/15/12. The injured worker was diagnosed as having lumbar radiculopathy, right hip minimal degenerative joint disease, chondromalacia of patella, bilateral wrist contusions, chronic intractable pain and L4-5 and L5-S1 annular tear. Treatment to date has included oral medications including Norco, Motrin, Protonix, Baclofen, Diovan and Lunesta and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 11/26/12 revealed tiny annular fissures at L4-5 and L5-S1 involving the foramina/extraforaminal zone of L4-5 and posterior central aspect of L5-S1 and (MRI) magnetic resonance imaging of left knee performed on 11/26/12 revealed mainly chondromalacia of the medial and lateral patellar facts with subtle area of additional focal subchondral bone marrow reactive edema suggesting more focal areas of chondromalacia grade IV and small joint fluid. Currently, the injured worker complains of low back pain rated 7/10 without medications and 5/10 with medications and left knee pain rated 6/10 without medications and 4-5/10 with medications. She is considered permanent and stationary with work restrictions. Physical exam noted antalgic gait, tenderness with palpation over the midline lumbar spine, over the lumbosacral paraspinal musculature and over the right greater than left sacroiliac joint sciatic notches. A request for authorization was submitted for ongoing pain management care as a secondary treating physician for medication management and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing pain management for medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 10/09/14) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia Section Page(s): 96.

Decision rationale: The MTUS Guidelines provide recommendations for pain management follow up, usually in the context of increasing opioid use or chronic pain that continues to be uncontrolled despite physical modalities and incremental dose increases of medication. The requesting provider does not document anything that indicates there is need for on-going follow up with pain management. The injured worker has chronic pain and has received extensive conservative treatment. There is no documented evidence of significant pain reliever, increase in function or change in signs and symptoms over the course of treatment. The request for ongoing pain management for medication management is determined to not be medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is determined to not be medically necessary.