

Case Number:	CM15-0131063		
Date Assigned:	07/17/2015	Date of Injury:	01/27/2009
Decision Date:	09/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on January 27, 2009. The mechanism of injury was not found in the medical records. The injured worker has been treated for low back, bilateral shoulder and bilateral knee complaints. The diagnoses have included chronic low back pain, chronic left knee pain and anxiety and depression due to chronic pain. Treatment and evaluation to date has included medications, radiological studies, MRI, epidural steroid injections, left knee injections, physical therapy, left inguinal hernia repair and bilateral shoulder surgery. Work status is permanent and stationary. The injured worker was not working. Current documentation dated May 21, 2015 notes that the injured worker reported low back pain with radicular symptoms down the right lower extremity and left knee pain. The injured worker was taking Norco for pain which decreased his pain level from an eight out of ten to a three out of ten on the visual analogue scale. The use of Norco allowed the injured worker to be more active (walk for ten minutes) and allowed him to perform light activities of daily living. The effects of the medication Norco lasted 8-10 hours. Examination revealed tenderness to palpation of the lumbar spine. The injured worker continued to walk slowly with a slight antalgic gait and a limp favoring the left leg. Examination of the left knee revealed a limited range of motion. The treating physician's plan of care included a request for Norco 10/325 mg # 60.

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): 74-96.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, clinical documentation lacks evidence of significant benefit in pain or function to support long term use. The request for Norco 10/325 #60 is not medically appropriate and necessary.