

Case Number:	CM15-0148250		
Date Assigned:	08/11/2015	Date of Injury:	03/10/1999
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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 67 year old male, who sustained an industrial injury on 3-10-99. Initial complaints were not reviewed. The injured worker was diagnosed as having failed back syndrome; low back pain; right leg radiculopathy; left knee arthritis. Treatment to date has included physical therapy; status post caudal epidural steroid injection (6-17-15); medications. Currently, the PR-2 notes dated 6-24-15 indicated the injured worker is being seen for an orthopedic re-evaluation. The injured worker had a caudal epidural steroid injection on 6-17-15 with significant improvement in his back and leg pain as reported. He continues to complain of his bilateral knee pain. He sees another provider for these symptoms and notes his left knee bothers him the most now. On objective findings the provider documents the injured worker ambulates with a cane. The lumbar spine examination notes tenderness about the lower lumbar paravertebral musculature. Forward flexion is at 40 degrees with extension to 10 degrees and lateral bending is notes at 30 degrees. He has negative straight leg raising bilaterally and strength in the lower extremities is globally intact. On the left knee examination, he notes tenderness along the lateral joint lines and subpatellar crepitation with range of motion and pain with deep flexion. The right knee notes a well-healed surgical incision. The injured worker is a status post right total knee revision; status post lumbar fusion (no dated). The treatment plan is for the injured worker to return to the provider who administered his epidural for pain management. In the interim, he will provide a prescription for Norco 12 with no refill. He notes the injured worker has signed an opiate contract and has undergone urine drug screening. The provider is requesting authorization of Norco 10-325mg #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #12: Upheld

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

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 #12 is determined to not be medically necessary.