

Case Number:	CM15-0205942		
Date Assigned:	10/22/2015	Date of Injury:	07/03/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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 51 year old male who sustained an industrial injury on 7-3-14. The injured worker was diagnosed as having lumbar facet joint arthropathy, right shoulder internal derangement and right knee internal derangement. Subjective findings (5-8-15, 6-3-15) indicated pain in the lower back, right shoulder and right knee. The injured worker is currently working full time. Objective findings (5-8-15, 6-3-15) revealed tenderness to palpation over the bilateral L4-L5 and L5-S1 facet joints and decreased right shoulder and right knee range of motion. As of the PR2 dated 8-10-15, the injured worker reports pain in the lower back, right shoulder and right knee. Objective findings include tenderness to palpation over the bilateral L4-L5 and L5-S1 facet joints, decreased right shoulder, and right knee range of motion. He was approved for a bilateral L4-L5 and L5-S1 radiofrequency nerve ablation. Current medications include Norco (since at least 5-8-15). Treatment to date has included physical therapy for the right knee, a lumbar facet joint block x 6 levels on 7-3-14, Ibuprofen and Naproxen. The Utilization Review dated 10-9-15, non-certified the request for Norco 10-325mg #60 x 0 refills.

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 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, criteria for use.

Decision rationale: The injured worker sustained a work related injury on 7-3-14. The injured worker was diagnosed as having lumbar facet joint arthropathy, right shoulder internal derangement and right knee internal derangement. Treatments have included Norco (since at least 5-8-15), physical therapy for the right knee, a lumbar facet joint block x 6 levels on 7-3-14, Ibuprofen and Naproxen. The medical records provided for review do indicate a medical necessity for Norco 10/325mg, #60 with 0 refills. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. 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 was started on this medication around 05/2015, the injured worker is taking the lowest effective dose below the maximum recommended in a day; the injured worker has returned to regular full time duty, there is no documentation of adverse effect to the medication. Therefore, the requested medical treatment is medically necessary. The MTUS recommends continuing opioids if the patient has returned to work.