

Case Number:	CM15-0206624		
Date Assigned:	10/23/2015	Date of Injury:	04/23/2007
Decision Date:	12/04/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on April 23, 2007. She reported severe pain in her right leg and back. The injured worker was currently diagnosed as having right knee internal derangement, left knee sprain and strain, anxiety, depression, insomnia and symptoms of gastritis. Treatment to date has included diagnostic studies, medication and physical therapy with "little relief." On September 2, 2015, the injured worker complained of pain in the low back and bilateral knees with a burning sensation and "give way" feeling in the knee, right greater than left. She stated that the pain was very severe in her legs and she had difficulty walking due to pain and swelling. The injured worker also reported anxiety, depression, insomnia and gastritis. She also stated that she had difficulty performing her activities of daily living and needs help at home. Physical examination revealed tenderness to palpation of the lumbar spine along with spasm and tightness. Lumbar spine range of motion was noted to be "decreased." Examination of the bilateral knees revealed decreased range of motion with tenderness to palpation on the medial and lateral joint line. The injured worker received a Toradol injection on the day of the exam. The treatment plan included refills of morphine sulfate, refills of Norco, refills of Prilosec, refills of Lisinopril, refills of Flexeril, refills of Flector patches, refills of Neurontin, home health care and a follow-up visit. On October 2, 2015, utilization review denied a request for morphine sulfate 60mg #90 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:

Morphine sulfate 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.