

Case Number:	CM15-0024011		
Date Assigned:	02/13/2015	Date of Injury:	12/30/1998
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the documentation, the injured worker is a 59-year-old female who reported an injury on 12/30/1998. The mechanism of injury was a chair slipped out from under her and she fell. The injured worker's diagnoses included degeneration of lumbar/lumbosacral intervertebral disc and internal derangement of the knee not otherwise specified. The injured worker had utilized opiates since at least 2006. There was a Request for Authorization submitted for review dated 01/08/2015. The documentation of 01/06/2015 revealed the injured worker had complaints of low back pain and knee pain. The injured worker indicated with medications the pain was decreased by 50%. The injured worker indicated she was able to function better with medications. The current pain was rated 8/10 for the low back and 7/10 for the left knee. The examination of the left knee revealed tenderness to palpation in the joint line and patellofemoral crepitation with pain with range of motion. Range of motion of the lumbar spine was painful and revealed muscle spasms. There was tenderness to palpation over the lumbar paraspinal musculature. The diagnoses included left knee internal derangement and lumbar degenerative disc disease. The request was made for Norco 2 tablets twice a day #120, Norflex ER 100 mg 1 tablet by mouth twice daily, and Neurontin 300 mg 1 tablet twice daily #60. With the medications, the injured worker was noted to be able to perform chores, cook, sit, drive, and walk better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective functional improvement. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. The documentation indicated the injured worker would take 2 tablets twice a day. Given the above and the lack of documentation, the request for Norco 10/325 mg #180 is not medically necessary.