MAXIMUS Federal Services

Case Number:	CM15-0217612		
Date Assigned:	11/09/2015	Date of Injury:	03/18/2002
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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:

The injured worker is a 61 year old female with an industrial injury dated 03-18-2002. A review of the medical records indicates that the injured worker is undergoing treatment for status post BAK cage placement at L4-5 with radicular symptoms of the right leg, lumbar degenerative joint disease, knee cartilage tear, and right knee pain. According to the progress note dated 09-28-2015, the injured worker reported severe back pain and muscle spasm with radiating pain in her left leg. The injured worker reported that she cannot function without pain medication. The injured worker also reported ongoing left knee pain and instability. Pain level was 8 out of 10, at best 4 out of 10 with medications and a 10 out of 10 without medication on a visual analog scale (VAS). The injured worker reported 50% reduction in pain and functional improvement with activities of daily living with the medications. Objective findings (08-03-2015, 08-31-2015, 09-28-2015) revealed swollen right knee with positive McMurray sign and crepitus with range of motion. Lower back exam revealed limited range of motion and muscle spam to palpitation in the lumbar trunk with loss of lordotic curvature. Decreased sensation of right lateral calf and bottom foot was also noted on exam. The injured worker ambulates with a limp. Treatment has included diagnostic studies, prescribed medications (including Norco since at least May of 2015) and periodic follow up visits. The treating physician reported that urine drug screens have been appropriate. The utilization review dated 10-13-2015, non-certified the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, attempted tapering off narcotics, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2002 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.