

Case Number:	CM15-0031931		
Date Assigned:	02/25/2015	Date of Injury:	01/14/2014
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 31 year old male, who sustained an industrial injury on 1/14/2014 with a prior injury on 7/14/2013. He reports falling 4 feet onto a concrete floor. Diagnoses include lumbar disc disease, lumbar facet syndrome, bilateral knee internal derangement, lumbar facet syndrome, right thigh incision and drainage and resolved lumbar radiculopathy. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/8/2015 indicates the injured worker reported left shoulder and elbow pain, low back pain, bilateral hip pain and right knee pain. On 1/28/2015, Utilization Review non- certified the request for Norco 10/325 mg #90, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg tabs #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar disc disease; lumbar radiculopathy resolved; lumbar facet syndrome; status post right thigh incision and drainage; and bilateral the internal derangement. Subjectively, the injured worker complains of left shoulder, left elbow, lumbar spine, bilateral hip and right knee pain. The injured worker states he has increased pain since the last visit. Objectively, there is tenderness the palpation overlying the lumbar paraspinal muscle groups with moderate facet tenderness at L4 - L5. There was moderate tenderness over the lateral thigh. Pain level 7/10 with medications. The injured worker had a risk assessment profile performed. The results showed a high risk for abuse and addiction. The medical record did not contain a detailed pain assessment. There was no documentation indicative of objective functional improvement with ongoing Norco 10/325 mg. The injured worker's subjective complaints included worsening pain over the last month despite Norco 10/325 mg. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Norco's efficacy with worsening pain symptoms (pain scale of 7/10 on medications) along with a high risk of drug misuse or abuse, Norco 10/325 mg #90 is not medically necessary.