

Case Number:	CM15-0043409		
Date Assigned:	03/13/2015	Date of Injury:	03/15/1996
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 66 year old male, who sustained an industrial injury on 3/15/1996. The mechanism of injury and initial complaint was not provided for review. Diagnoses include lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, right knee internal derangement-status post arthroscopic surgery with eventual total knee replacement and status post pelvic crush injury. Treatments to date include knee surgery, physical therapy and medication. A progress note from the treating provider dated 2/13/2015 indicates the injured worker reported continued low back pain and right knee pain. A urine drug screen was performed on 12/19/14. Prior trigger point injections are reported to provide 1-2 weeks of pain improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, support of function and lack of drug related aberrant behaviors. This individual meets these criteria. Pain relief is reported to be 40-50% and ADL functioning is reported to be improved. The documentation of functional improvement is not as complete as Guidelines suggest, but the fact that opioids are utilized very sparingly allows for some leeway in interpretation. Under these circumstances, the Norco 10/325mg is supported by Guidelines and is medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug testing (UDT), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Urine Drug Screens.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, support of function and lack of drug related aberrant behaviors. This individual meets these criteria. Pain relief is reported to be 40-50% and ADL functioning is reported to be improved. The documentation of functional improvement is not as complete as Guidelines suggest, but the fact that opioids are utilized very sparingly allows for some leeway in interpretation. Under these circumstances, the Norco 10/325mg is supported by Guidelines and is medically necessary.

4 Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Due to the scientific uncertainty that trigger points provide benefits, Guidelines have very specific criteria to justify repeat injections. One of these criteria is that prior trigger point injections provide at least 50% pain relief for 6 weeks with well-documented improvement in function. This request for repeat injections does not meet these criteria and there are no unusual circumstances to justify an exception to Guidelines. The request for four trigger point injections (repeat) is not medically necessary.