

Case Number:	CM15-0051546		
Date Assigned:	03/25/2015	Date of Injury:	01/11/2009
Decision Date:	12/03/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 41 year old male who sustained an industrial injury on 1-11-09. A review of the medical records indicates he is undergoing treatment for lumbago - low back pain and knee pain - joint pain of the leg. Medical records (12-16-14, 1-13-15, 2-10-15, and 3-10-15) indicate ongoing complaints of lower back and left knee pain. The injured worker reports that the lower back pain is in the lower back bilaterally, as well as the midline of the lower back and radiates to the left leg, localizing in the left knee. He reports pain behind the left knee. He rates the pain "2-4 out of 10." The physical exam (3-10-15) reveals a baker's cyst and tender joint line of the left knee. Tenderness is noted in the lumbar spine. The treating provider indicates tenderness at the facet joint, as well as decreased range of motion of the lumbar spine. Diagnostic studies have included a urine drug screen on 2-11-15, which was positive for opiates. Treatment has included medications. His medications include Naproxen 500mg twice daily and Norco 7.5-325mg every 4 hours. The records indicate he has been receiving Norco since, at least, 11-18-14. The utilization review includes a request for authorization of Norco 7.5-325mg, 1 tablet every 4 hours #120. The determination was to modify the request to a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is lack of documentation for the above criteria. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not medically necessary to the patient at this time.