

Case Number:	CM15-0082632		
Date Assigned:	05/05/2015	Date of Injury:	02/27/2006
Decision Date:	06/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/29/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 60-year-old male sustained an industrial injury to the low back and left knee on 2/27/06. The injured worker later developed right knee pain. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, psychological care, bilateral knee braces, epidural steroid injections, H-wave and medications. In a PR-2 dated 3/11/15, the injured worker complained of bilateral knee pain and low back pain with radiation to the left leg associated with low back weakness. The injured worker rated his pain 3/10 on the visual analog scale with medications and 7-8/10 without. The injured worker stated that his current pain medications were not providing adequate pain control. Current diagnoses included lumbar spine radiculopathy, low back pain, knee pain and muscle spasms. The physician noted that Norco was increased to three times a day in February 2015. The treatment plan included continuing increased frequency of Norco, continuing medications (Neurontin, Tizanidine and Celebrex) and requesting authorization for orthopedic shoes and a scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records, making the treatment not medically necessary.

Orthopedic shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-386.

Decision rationale: This injured worker has a history of knee and back pain. At issue in this review are orthopedic shoes. Per the guidelines, it is not recommended to use prolonged supports or bracing due to the risk of debilitation. In this case, the worker has documented improvements in pain and function and physical exam. His gait or function without the shoes is not documented in the notes. The rationale and medical necessity for orthopedic shoes for knee and back pain is not substantiated in the medical records, making the treatment not medically necessary.