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| Case Number: | CM14-0143655 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 02/21/2002 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/04/2014 |

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old man with a date of injury of 2/21/02. He was seen by his primary treating physician on 7/23/14 with complaints of bilateral knee pain and low back pain. He had difficulty sleeping due to pain and his constipation was 'somewhat controlled' with medications. He had an antalgic gait and used a cane. He had tenderness and spasm at the lumbar paravertebrals and restricted range of motion due to pain. His sensation was intact and reflexes symmetric and 1+. His straight leg raise caused hamstring tightness. His knees were tender at the extensor and flexor muscles and joint line. Range of motion was restricted in flexion and extension was normal. Special knee tests were negative. His diagnoses included lumbar, right knee, left knee strain and right foot sprain, anxiety/stress/depression and status post right knee surgery. The plan was to refill both oxycodone and norco and Colace. At issue in this review is the refill of norco. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78.

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

Decision rationale: The injured worker medical course has included numerous diagnostic and treatment modalities including surgery and use of opioids including oxycodone and norco. In opiod 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 of 7/14 fails to document any significant improvement in pain, functional status or documentation of side effects (other than constipation) to justify ongoing use. It is also not clear from the note why the injured worker requires two opiod analgesics - Oxycodone and Norco for pain. The request for Norco 10/325mg #90 is not medically necessary and appropriate.