

Case Number:	CM14-0145730		
Date Assigned:	09/12/2014	Date of Injury:	03/21/2003
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 male with a reported injury on 03/21/2003. The mechanism of injury was not provided. The injured worker's diagnoses included upper extremity radiculopathy with loss of range of motion of the cervical spine; lumbar spine HNP with radiculopathy and weakness into the lower extremities; internal derangement knees right and left; refractory depression, anxiety, and stress; cardiac condition, heart attack 3 to 4 months due to stress; and status postop bilateral knees. The injured worker's past treatments included medication and enrollment in a [REDACTED] weight loss program. The current medication therapy included chemotherapy medications, Coumadin, pain meds, stress meds, anti-inflammatories, and prednisone. The injured worker's diagnostic testing included was noted to include an MRI of the right knee on 04/11/2012, which indicated moderate chondromalacia throughout the knee, the patella joints were affected, intact anterior cruciate ligament, and small swelling meniscal tear noted. An MRI of the left knee dated 04/11/2012 indicated mild to moderate osteoarthritis, mild thinning of the anterior cruciate ligament, and prior partial meniscectomies noted. The injured worker's surgical history included partial meniscectomies. On 08/11/2014, the injured worker reported continued neck pain with constant headaches radiating down into the upper extremities and hands. He also reported lower back pain that was constant and increased with activities. He reported to continue having chest pain. Upon physical examination, the injured worker was noted to have limited range of motion in all levels with severe spasms on the right side being greater than the left. The range of motion to the lumbar spine was noted to be limited by 50% in all directions with pain on end ranges. He was noted to have positive straight leg raising test to the right and the left. The injured worker's medications

were not included in the clinical note. The request was for Norco 10/325 mg twice daily #120 for lumbar spine and knee pain. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg twice daily #120 for lumbar spine and knee pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

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

Decision rationale: The request for Norco 10/325 mg twice daily #120 for lumbar spine and knee pain is not medically necessary. The California MTUS Guidelines may recommend ongoing opioid therapy where there is evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids which are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker complained of pain to the lower back, neck, bilateral knees, and chest, however, the pain was not quantified. The documentation did not provide evidence of a satisfactory response to the medication indicated by the injured worker's decrease in pain, increased level of function, or improved quality of life. There was no documentation with evidence of monitoring for compliance or the occurrence of any potentially aberrant drug related behaviors like a urine drug test. In the absence of an appropriate and thorough pain assessment with documentation of efficacy of the medication and satisfactory response to the treatment, and monitoring for compliance, the request is not supported at this time. Therefore, the request is not medically necessary.