

Case Number:	CM14-0147342		
Date Assigned:	09/15/2014	Date of Injury:	08/10/2011
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This case involves a 61 year old injured worker who sustained an injury on 8/10/2011. The mechanism of injury was not noted. In a progress noted dated 8/19/2014, the patient complains of neck, low back, right shoulder, and knee pain. He continues to do well on current medications. On a physical exam dated 8/19/2014, there was ongoing crepitus and obvious generalized edema of the right knee; the left knee has crepitus, but full range of motion. There was tenderness to lumbar paraspinal muscles with positive right leg lift. The diagnostic impression shows chronic low back pain, bilateral leg pains. There is neck pain, chronic knee pain, right shoulder pain, and left knee pain. Treatment to date: medication therapy and behavioral modification. A UR decision dated 9/5/2014 denied the request for Retro Norco 5/325 #60 and Ultram 150 ER #60, stating that there was no mention of whether the ongoing opioid medication treatment allowed the patient to do his activities of daily living and continue to work. There were no severe positive objective physical examination findings that were listed that would be accounting for a pain condition requiring ongoing opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Norco 5-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 8/19/2014 progress report, there was ongoing crepitus and obvious generalized edema of the right knee, but full range of motion. There was tenderness to lumbar paraspinal muscles with positive right leg lift. However, it was unclear if the level of this patient's pain was severe enough to require ongoing opioid therapy. Therefore, the request for Retro Norco 5/325 #60 was not medically necessary.

Retro: Ultram 150 ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol(Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 8/19/2014 progress report, there was ongoing crepitus and obvious generalized edema of the right knee, but full range of motion. There was tenderness to lumbar paraspinal muscles with positive right leg lift. However, it was unclear if the level of this patient's pain was severe enough to require ongoing opioid therapy. Therefore, the request for Retro Ultram 150 ER #60 was not medically necessary.