

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0094135 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 03/09/2008 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 Emergency 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:

Patient with reported date of injury on 3/9/2008. Mechanism of injury was not provided for review. Patient has diagnosis of R knee meniscus tear, chondromalacia patella of R knee, lumbar spondylsosis, R sciatica, traumatic arthritis of R knee, flexion contracture of R knee, chronic low back pain, osteoarthritis of R knee, anxiety, lumbar stenosis, R shoulder impingement syndrome and lumbar radiculopathy. Patient is post R total knee arthroplasty on 7/10/12. Medical reports reviewed: Last report available until 5/20/14. Patient mainly complains of low back pain. Also has pain to hips and L knee. Pain flared up due to prolonged standing. Patient noted numbness to lateral R knee, leg and foot. Occasional shooting sensation to L foot. Patient has persistent R knee pain since surgery and now has some compensatory L knee pain. Pain is "12/10" Objective exam reveals obesity, limp, sleepy and depressed. R shoulder exam reveals tenderness to R subacromial space and L bicep groove. Normal strength, negative Tinel's and Phalen's. Range of motion (ROM) of R side is mildly decreased compared to L side. Patient is able to bend forward but has pain with straitening back up. Straight leg raise is 80 degrees bilaterally with back tension. Some decreased sensation to R lateral knee and leg. L knee X-ray (9/13/13) revealed mild-moderate changes of osteoarthritis. MRI of lumbar spine (10/15/13) reveals degenerative scoliosis, spondylosis, facet arthrosis, foraminal narrowing on the left at L2-3, R at L3-4 and R at L5-S1. Current medications include Zantac, Vitamin D and Tylenol arthritis. Independent Medical Review is for Norco 5/325 #20. Prior UR on 5/30/14 recommended certification of Glucosamine and Chondroitin. It recommended non-certification for Neurosurgery follow-up, Pain management follow up, Physical therapy of R shoulder, physical therapy of lumbar spine and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, Quantity 20, bid sparingly for severe low back pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Norco is acetaminophen and Hydrocodone, an opioid. It is not clear from documentation if patient is taking Norco chronically or intermittently or if this was the first time Norco was requested. Review of records does not show Norco being prescribed in 1/14 or visit in 3/9/14 but no medication list was noted in those reports. Current medication list on 5/20/14 does not list Norco as a medication. The note on merely states that "resume Norco" I am assuming that Norco is being prescribed for exacerbation of pain and pt is not taking it chronically. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. Patient meets criteria for initiation of opioids especially a short acting opioid like Norco since patient has been on NSAIDs with minimal relief. The prescription of every 6 hours as needed for severe pain and limited number of tablets is appropriate for intermittent use for severe flare ups or a short term trial. Prescription for Norco #20 is medically necessary.