

Case Number:	CM14-0123747		
Date Assigned:	08/08/2014	Date of Injury:	01/22/2014
Decision Date:	06/29/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 01/22/2014. He has reported injury to the right knee and low back. The diagnoses have included lumbago; sprain lumbar region; chronic low back pain with degenerative disc disease at the level of L2-L3, L3-L4, L4-L5, and L5-S1 with mild to moderate central canal stenosis and moderate neuroforaminal stenosis at the level of L2-L3, L3-L4, L4-L5; lumbar spine spondylosis at the level of L2-L3, L3-L4, L4-L5, and L5-S1; contusion of knee; and right knee pain. Treatment to date has included medications, diagnostics, injections, bracing, acupuncture, and physical therapy. Medications have included Naprosyn, Gabapentin, Tramadol HCl, Tizanidine, Norco, and compounded analgesic cream. A progress note from the treating physician, dated 06/19/2014, documented a follow-up visit with the injured worker. The injured worker reported constant lower back pain, rated at 6-7 on a scale of 1 to 10; the pain radiates into the right leg down into the toes; constant right knee pain, rated at 7-8 on a scale of 1 to 10; there is giving way of the knee, with swelling, popping, and clicking; and difficulty with activities of daily living as a result of the injuries. Objective findings included tenderness in the lumbar paraspinal region bilaterally; tenderness in the midline lumbar spine; tenderness to the lumbar spinous processes, interspinous ligaments, posterior superior iliac space, and facet joint; straight leg raise produces leg pain and back pain in the supine position on the right; spasm is present with range of motion; and range of motion is decreased in the lumbar spine. The treatment plan has included the request for Norco 10/325 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is right knee internal derangement. The documentation shows the date of injury was January 22, 2014. Tramadol was started and continued through March 31, 2014. In a progress note dated April 23, 2014, Norco 10/325 mg appeared in the medical record documentation. According to a June 22, 2014 progress note (request for authorization date July 9, 2014), the worker had complaints of ongoing back pain 6-7/10 and ongoing right knee pain 7- 8/10. A urine drug toxicology screen dated June 19, 2014 was negative for opiates. There was no documentation demonstrating objective functional improvement. There were no risk assessments in the medical record and there were no detailed pain assessments in the medical record. Consequently, absent clinical documentation with evidence of objective functional improvement, risk assessments and detailed pain assessments and attempted weaning, Norco 10/325mg # 60 is not medically necessary.