

Case Number:	CM15-0016036		
Date Assigned:	02/04/2015	Date of Injury:	06/30/2009
Decision Date:	03/23/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 46 year old male who sustained an industrial injury on 6/30/09 resulting in back injury. He currently is experiencing low back radiating to left leg and left knee pain. Medications include Prilosec, Robaxin, Motrin, Ambien, Norco. Diagnoses include L5 fracture; left chronic L5 and S1 radiculopathy; status post L5-S1 anterior lumbar interbody fusion (2010); chondromalacia of the left knee; symptomatic hardware L5-S1; status post removal of hardware lumbar spine (2014); status post L5-S1 posterior spinal instrumentation and fusion with laminotomy (2012). Treatments to date include physical therapy which helped low back pain but exacerbated left knee pain, arthrocentesis and injection of the left knee (2014). Diagnostics include MRI of the left knee demonstrating nondisplaced full thickness flap chondral injury. Progress note dated 1/16/15 indicates that the injured worker is getting nearly 50% pain relief with Norco and his physical exam indicates his functional limitations and gains. In addition the injured worker has chronic intractable pain and would have severe functional limitations without the medication. His toxicology reports are consistent with the prescribed prescription medications. On 1/24/15 Utilization review non-certified the request for Norco 10/350 mg # 120 citing MTUS: Chronic Pain Medical treatment Guidelines: Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 46 year old male has complained of low back pain and left knee pain since date of injury 6/30/09. He has been treated with lumbar spine surgery, physical therapy, injection and medications to include opioids since at least 10/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.