

Case Number:	CM15-0017700		
Date Assigned:	02/05/2015	Date of Injury:	04/05/2012
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male who reported an injury on 04/05/2012 due to an unspecified mechanism of injury. On 01/30/2015, he presented for a followup evaluation. He reported neck pain, low back pain, and bilateral knee pain rated at a 7/10. He noted that without medications his pain would be at a 9/10 and did not report any change in his pain. He noted that his quality of life remained the same and that his activity level had increased and that he was taking his medications as prescribed and they were working well. His medications included Norco 10/325 mg 1 three times a day as needed, MS Contin 15 mg 1 twice daily, omeprazole DR 40 mg 1 daily and Lyrica 100 mg 1 twice daily. A physical examination showed abnormal curvature in the cervical spine with limited range of motion and tenderness in the paracervical muscles and trapezius. The lumbar spine showed restricted range of motion and no spinous process tenderness noted. Lumbar facet loading was positive on both sides and he could not walk on his toes. Examination of the knees showed surgical scars bilaterally with restricted range of motion and tenderness to palpation diffusely. He was diagnosed with cervical pain, knee pain, low back pain, elbow pain, spinal lumbar DDD, disc disorder of the cervical spine, and lumbar radiculopathy. The treatment plan was for Norco 10/325 mg #90 to continue alleviating the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation provided does indicate that the injured worker had a quantitative decrease in pain. However, there is a lack of documentation showing that he has had an objective improvement in function with the use of his medication to support continuing. Also, official urine drug screens or CURES reports were not provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.