

Case Number:	CM15-0111170		
Date Assigned:	06/17/2015	Date of Injury:	04/11/1991
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67-year-old male, who sustained an industrial injury on 04/11/1991. He has reported injury to the neck and low back. The diagnoses have included cervicalgia; cervical radiculopathy; cervical spondylolisthesis; status post anteroposterior cervical fusion; failed back syndrome; left knee pain; myofascial pain; and chronic pain syndrome. Treatment to date has included medications, diagnostics, home exercise program, and surgical intervention. Medications have included Norco, Avinza, Gabapentin, Cymbalta, and Lexapro. A progress note from the treating physician, dated 05/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left knee pain which is slightly increased to a 7/10 on the pain scale; left knee pain is usually rated 6/10; it is difficult for him to do things, even walking, because his legs get too painful; he was able to do more, sleep better, and be in less pain with using the Avinza; sleep deprivation, getting one to four hours of sleep; quality of life is okay, but not as good as when he was on Avinza; mood is depressed; anxiety is high; his most painful areas are his feet and his legs from the knees down; he also has neck, arm, hand, and shoulder pain; and he has neck and low back pain. Objective findings included positive for numbness and tingling in his legs below the knees; weakness in the lower extremities; still positive for foot problems; positive for anxiety, depression, and insomnia; lumbar range of motion is limited because of stiffness in his back in all planes with back pain; left knee range of motion increases the pain; and he walks with an antalgic gait using a cane in the right hand. The treatment plan has included the request for retro: Norco 10/325mg #240 between 4/6/2015 and 4/6/2015; and Norco 10/325mg #240 between 5/4/2015 and 7/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Norco 10/325mg #240 between 4/6/2015 and 4/6/2015: 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): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #240 between 4/6/2015 and 4/6/2015 is not medically necessary.

Norco 10/325mg #240 between 5/4/2015 and 7/10/2015: 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): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #240 between 5/4/2015 and 7/10/2015 is not medically necessary.