

Case Number:	CM15-0121032		
Date Assigned:	07/01/2015	Date of Injury:	01/25/2005
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 45 year old male who sustained an industrial injury on 01/25/2005. He reported injury to his head, left knee, and lumbar spine when he tripped and fell backwards, landing on the ground. He had a temporary loss of consciousness. The injured worker was diagnosed as head trauma, back pain, left knee pain, left leg fracture, and bilateral ankle pain. Treatment to date has included pain medications, physical therapy, chiropractic care, and surgery. Currently, the injured worker is seen in follow up for left knee, low back, and headaches. His diagnoses are status /post arthroscopy of the left knee (12/01/2009), post-concussive syndrome, left knee mild multi-compartmental degenerative joint disease; and mechanical low back pain. Subjectively the pain is rated as an 8.5/10. He uses Norco and Ibuprofen for pain and reports improvement of his overall pain when he uses these medications. He is requesting refills. Knee range of motion is active extension to zero degrees and flexion to 110 degrees with mild discomfort in the end points in range of motion. He was mildly tender to palpation over the medial tibiofemoral joint space. The treatment plan is for narcotic level medication requiring monthly refills, pain management evaluation, a neurological consult, chiropractic physiotherapy, and a possible epidural spinal injection. The worker is restricted in activity and remains on total temporary disability until re-evaluated in one month. A request for authorization is made for the following: 1. Norco 7.5/325mg #45 and Ibuprofen 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #45: Upheld

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) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2005 with the patient remaining on total temporary disability. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 7.5/325mg #45 is not medically necessary and appropriate.