

Case Number:	CM15-0121845		
Date Assigned:	07/06/2015	Date of Injury:	11/07/1996
Decision Date:	08/04/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/24/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 was a 71 year old male, who sustained an industrial injury, November 7, 1996. The injured worker previously received the following treatments Synvisc injections with temporary relief, Methadone, Norco, Adderall and below the left knee amputation. The injured worker was diagnosed with below the knee amputation of the left lower extremity with ongoing crepitus, allodynia and phantom pain, severe degenerative joint disease and lower back pain and right shoulder adhesive capsulitis with sprain/strain. According to progress note of June 2, 2015, the injured worker's chief complaint was severe pain on the left knee, burning sensation and phantom pain. The injured worker reported the inability to function without pain medications. The injured worker reported a 50% reduction of pain and 50% functional improvement with activities of daily living with the medications verse not taking them at all. The physical exam of the left lower extremity noted the distal stump was clean, dry and intact. There was disuse atrophy in the left thigh and calf, by comparison to the right. There were allodynia symptoms to light touch and summation to pinprick which intensified the pain in the left lower extremity. The left lower extremity was cold to touch by comparison to the right lower extremity. Patellar compression remains very painful. The treatment plan included a prescription renewal for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. He has also not returned to work. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.