

Case Number:	CM15-0127189		
Date Assigned:	07/13/2015	Date of Injury:	09/18/2009
Decision Date:	08/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, Florida, 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 58 year old male, who sustained an industrial injury on September 18, 2009. Treatment to date has included bilateral knee surgery, lumbar facet joint radiofrequency nerve ablation, physical therapy, and NSAIDS. Currently, the injured worker complains of right axial low back pain with radiation of pain to the right buttock. The injured worker reports that prolonged sitting, lifting, twisting and driving exacerbate his pain and his pain is relieved with lying down and pain medications. He rates his pain an 8 on a 10-point scale without medications. On physical examination the injured worker has tenderness to palpation of the right buttock and lumbar paraspinal muscles. His range of motion is restricted by pain in the bilateral knees, bilateral shoulders and lumbar spine. Lumbar facet joint provocative maneuvers were positive and he had positive Gaenslen's, Patrick's maneuver and sacroiliac joint compression on the right side. The injured worker's current medication regimen includes Norco for which the injured worker reports 70% improvement in his pain with 70% improvement in his activities of daily living. The diagnoses associated with the request include lumbar facet arthropathy and pain, lumbar disc protrusion, lumbar stenosis, lumbar degenerative disc disease, bilateral shoulder pain, bilateral knee pain, and bilateral knee internal derangement. The treatment plan includes repeat lumbar facet joint radiofrequency nerve ablation, continuation of Norco and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured now 6 years ago and he has had bilateral knee surgery, lumbar facet joint radiofrequency nerve ablation, physical therapy, and NSAIDS. He continues with right axial low back pain with radiation of pain to the right buttock. Lumbar facet joint provocative maneuvers were positive and he had positive Gaenslen's, Patrick's maneuver and sacroiliac joint compression on the right side. The injured worker's current medication regimen includes Norco for which the injured worker reports 70% improvement in his pain with 70% improvement in his activities of daily living. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. Moreover, it is not clear he has met the criteria of returning to work. The request for the opiate usage is not medically necessary per MTUS guideline review.