

Case Number:	CM15-0060268		
Date Assigned:	04/06/2015	Date of Injury:	02/05/2002
Decision Date:	05/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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, 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:

This 84 year old male sustained an industrial injury to the back and left knee on 2/5/02. Previous treatment included magnetic resonance imaging, lumbar spine laminectomy with decompression, lumbar fusion, left knee arthroscopy, physical therapy, knee injections, back brace, cane and medications. In a PR-2 dated 2/24/15, the injured worker complained of pain to the lumbar spine with radiation to bilateral lower extremities, pain to the left knee and pain to the right hip with dysesthesia. The injured worker rated his pain 8/10 on the visual analog scale with medications. The injured worker also complained of insomnia and intermittent gastroesophageal reflux disease symptoms due to pain medication use. Current diagnoses included right lumbar spine radiculopathy, left knee strain with medial meniscal tear, right hip/iliac crest donor site pain, gastroesophageal reflux disease, insomnia and atrophy of left quadriceps. The treatment plan included continuing medications (Norco, Nizatidine and Cidaflex), discontinuing medications (Soma, DGL cream and Lidoderm patch), continuing back brace, continuing home exercise and continuing use of walking cane as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.