

Case Number:	CM15-0060364		
Date Assigned:	05/01/2015	Date of Injury:	01/14/2013
Decision Date:	06/01/2015	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, Indiana, New York
Certification(s)/Specialty: Internal 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 37 year old male with an industrial injury dated 01/14/2013. His diagnoses included thoracolumbar spine musculoligamentous sprain/strain and right lower extremity radiculopathy, right knee sprain/strain, cervical spine musculoligamentous sprain/strain and cervicogenic headaches and stress and anxiety. Prior treatment included lumbar spine bilateral transforaminal lumbar 4-5 epidural injections, physical therapy and medications. He presents on 02/23/2015 with complaints of low back pain and right knee giving way and buckling. Examination of right knee revealed tenderness to palpation over the medial joint line, patellar tendon and patellar bursa. Examination of the lumbar spine also revealed tenderness to palpation. Treatment plan included pain management with oral medication and psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60/#120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are thoracolumbar spine musculoligamentous sprain/strain and right lower extremity radiculopathy; right knee sprain/strain with myxoid degeneration of the medial meniscus; cervical spine musculoligamentous sprain/strain and cervicogenic headaches; let rip/chest contusion; testicular/groin injury; gastrointestinal complaints; memory complaints; stress and anxiety. Subjectively, according to a progress note dated February 23, 2015, the injured worker complains of low back pain with right lower some of the numbness and tingling and right knee pain with buckling. Objectively, the right knee shows tenderness the palpation over the medial joint line, patella tendon and patella bursa. There is tenderness to palpation of the bilateral paravertebral lumbar muscles. Straight leg raising is positive on the right. The documentation shows the injured worker was taking Norco as far back as July 21, 2014. There is no documentation demonstrating objective functional improvement. Additionally, according to the utilization review, Norco weaning was recommended on November 11, 2014. There was no subsequent attempt at weaning documented in the medical record. The treating provider is requesting Norco 10/325 mg #60/#120. The documentation is unclear as to the significance of #60/#120. It is unclear whether this is 60 tablets or 120 tablets or a 60 day supply of 120 tablets. Consequently, absent compelling clinical documentation with objective functional improvement with attempted weaning (recommended by utilization review in November 2014) and detailed pain assessments and risk assessments (with ongoing opiate use), Norco 10/325mg # 60/#120 is not medically necessary.