MAXIMUS Federal Services

Case Number:	CM15-0067073		
Date Assigned:	04/14/2015	Date of Injury:	08/13/2012
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 46-year-old female who sustained an industrial injury on 08/13/2012. Diagnoses include lumbosacral sprain/strain with right and left neuroforaminal narrowing, right knee chondromalacia-rule out internal derangement, quadriceps insufficiency with lateral patellar tracking (right knee) and compensatory inflammation of the left knee-possible meniscus tear. Treatment to date has included medications, physical therapy, chiropractic care, acupuncture, injections, knee arthroscopy and spinal fusion. Diagnostics included electrodiagnostic testing, CT scans, x-rays and MRIs. According to the progress notes dated 2/13/15, the IW reported low back pain radiating to the right lower extremity to the knee and also bilateral knee pain, greater on the left. The CT scan of the lumbar spine dated 1/2/15 showed mild degenerative vertebral change and disc disease of the lumbar vertebra and a previous anterior L5-S1 fusion. Bilateral knee x-rays showed mild degenerative changes of the left knee. A request was made for Norco 10/325mg for continuing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management & Opioids for chronic pain Page(s): 78-80 & 80-81.

Decision rationale: Norco 10/325mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have pain despite long-term opioid use. The request for Norco 10/325mg #180 is not medically necessary. There is minimal evidence in support of long-term opioids for arthritis or neuropathic pain. The request for Norco is not medically necessary.