

Case Number:	CM15-0070497		
Date Assigned:	04/17/2015	Date of Injury:	09/02/2013
Decision Date:	06/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/13/2015

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, Illinois

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 63 year old male, who sustained an industrial injury on 9/2/13. The injured worker has complaints of low and mid back pain associated with bilateral knee pain. The diagnoses have included lumbar disc with radiculitis; internal derangement left knee; lumbar radiculopathy and knee sprain/strain, left. Diagnostic tests have included magnetic resonance imaging (MRI) of the lumbar spine; magnetic resonance imaging (MRI) of the right knee; electromyography/nerve conduction velocity study of the bilateral lower extremities. Treatments have included Xanax; anaprox; norco/hydrocodone for pain and naproxen. The request was for norco/hydrocodone 10-325mg until utilization review 60 1 tablet BID for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco/Hydrocodone 10-325mg UR10 #60 1 tablet BID for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 9/2/13. The medical records provided indicate the diagnosis of lumbar disc with radiculitis; internal derangement left knee; lumbar radiculopathy and knee sprain/strain, left. Treatments have included Xanax; anaprox; norco/hydrocodone for pain and naproxen. The medical records provided for review do not indicate a medical necessity for Norco 10-325mg UR10 #60 1 tablet BID for the lumbar spine. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 04/2014, but there has been no overall improvement in pain and function; the injured worker is not well monitored for pain relief and activities of daily living. Therefore the request is not medically necessary.