

Case Number:	CM15-0078403		
Date Assigned:	04/29/2015	Date of Injury:	12/20/2000
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old female with an industrial injury dated 12/20/2000. Her diagnoses included lumbar radiculopathy, thoracic strain, secondary gastritis/gastroesophageal reflux, knee strain, bilateral wrist sprain and bilateral carpal tunnel syndrome. Prior treatments include physical therapy, home exercises, TENS unit, wheeled walker, ice, bilateral sacroiliac injections and medications. She presents on 03/10/2015 with complaints of low back pain, neck pain, right knee pain, bilateral wrist pain, stomach upset due to pain medication and difficulty sleeping due to pain. Physical exam revealed moderate paralumbar muscle spasm and guarding. There was tenderness over the posterior right knee with mild swelling. Treatment plan consisted of continuing the use of muscle stimulator unit, wheeled walker, ice and home exercising and stretching. Renal function and liver function tests were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs with Renal Function Test and Liver Function Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and opioids Page(s): 82-92 and 67.

Decision rationale: According to the guidelines, NSAIDS and opioids can affect renal and liver function in those at high risk. In this case, the claimant had been on opioids for months. There was no indication of existing liver disease. There also was no indication of NSAID use affecting the kidneys. Prior lab abnormalities were not provided to require additional labs. The request for labs was not substantiated. The request for renal and liver function is not medically necessary.

Norco 7.5/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months with reduced response in pain scores over time suggesting increasing tolerance to opioids. In addition, there was no mention of Tylenol failure. The continued use of Norco is not medically necessary.