

Case Number:	CM15-0093976		
Date Assigned:	05/20/2015	Date of Injury:	03/15/1996
Decision Date:	06/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 67-year-old male, who sustained an industrial injury on 3/15/96. The diagnoses have included lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, right knee internal derangement status post arthroplasty with right total knee replacement 5/18/11, status post crush injury to the pelvis, and medication induced gastritis. Treatment to date has included medications, diagnostics, epidural steroid injection (ESI), surgery, activity modifications, aqua therapy, acupuncture, injections, and home exercise program (HEP). Currently, as per the physician progress note dated 4/16/15, the injured worker complains of low back pain that persists and radiates to the bilateral lower extremities. He states that the current medication regimen that includes Norco decreases the pain from 8/10 on pain scale to 5/10 and it is manageable. He also complains of right knee pain that is much improved since right total knee replacement. He has been trying to exercise on a daily basis but at times, this exacerbates the symptoms in the low back and right knee. He reports that he recently completed acupuncture, which was beneficial. The objective findings reveal that the lumbar spine has decreased range of motion, the right lower extremity motor testing is decreased compared to the left, and there is decreased sensation on the right compared to the left. The exam of the right knee reveals positive tenderness to palpation. The diagnostic testing that was performed included Lumbar Magnetic Resonance Imaging (MRI) and electromyography (EMG) of the bilateral lower extremities. The current medications included Norco, Prilosec, Neurontin, and Anaprox. The urine drug screens dated 12/15/14 and 2/13/15 were inconsistent with the medications prescribed. The treatment plan was to increase the Neurontin, re-fill medications,

consider lumbar epidural steroid injection (ESI), gym membership for pool access and the physician requested treatment included Norco 10/325mg #60 for the chronic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for over a year without objective documentation of significant decrease in pain or increase in functional capabilities. Additionally, the last 2 urine drug screens have been inconsistent with prescribed medications and 2 prior utilization reviews have approved Norco for the purposes of weaning only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #60 is determined to not be medically necessary.