MAXIMUS Federal Services

Case Number:	CM14-0130804		
Date Assigned:	08/20/2014	Date of Injury:	04/03/1998
Decision Date:	10/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old female who reported an injury on 04/03/1998 due to an injury involving her left foot and ankle. The injured worker complained of burning pain to the bilateral knees and lower back pain. She also complained of left shoulder pain. The injured worker rated her pain an 8/10 to the lower back, left foot, and right knee, and a 7.5/10 to the left knee, using the VAS. The injured worker had a diagnosis of left knee pain following arthroscopy, left ankle pain following a tarsal tunnel release, right knee pain following arthroscopy x2, lumbar pain with multilevel disc bulges, left ankle fibular fracture, right ankle sprain, consistent left foot pain, and left shoulders contusions/pain, status post fall. The medications included Norco and Ambien. The physical examination of the lumbar spine revealed tenderness was positive to the paraspinous musculature of the cervical region. Muscle spasm was positive in the lumbar spine on the left. Range of motion with a flexion of 40 degrees, and extension of 30 degrees, rotation to the right was 10 degrees and rotation was left was 10 degrees. Sensation with pinwheel was normal except for decreased sensation at the L4-5 dermatomes. Motor examination revealed a manual muscle test was normal. Reflexes to the knee and ankle were 2/2 bilaterally. Straight leg raise test, seated and supine, was negative to the right and positive to the left. Waddle signs are negative. The left knee revealed tenderness to palpation. McMurray's test was positive medially. Drawer test was negative on the left; Lachman's instability was negative on the left. Range of motion with flexion of 100 degrees and extension 0 degrees. Strength was 4+/5. The injured worker ambulated with the assistance of a cane secondary to an antalgic gait. The treatment plan included a refill for medication and Norco. The Request for Authorization, dated 06/18/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 for the purpose of weaning to discontinue over a weaning period of 2-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter - Opioids, criteria for use & Opioids for chronic pain & Opioids, dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75,78.

Decision rationale: The request for Norco 10/325mg #90 for the purpose of weaning to discontinue over a weaning period of 2-3 months is not medically necessary. The California MTUS Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical notes did not indicate the activities of daily living, any adverse side effects, or aberrant drug taking behavior. The request did not indicate the frequency. As such, the request is not medically necessary.