

Case Number:	CM14-0151800		
Date Assigned:	09/19/2014	Date of Injury:	06/02/2011
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 42 year old male with a work injury dated 6/2/11. The diagnoses include status post right knee surgery 6/2/12; cervical disc injury, cervical sprain/strain injury; myofascial pain syndrome; possible cervical radiculopathy; right shoulder sprain/strain injury; status post right knee surgical repair in 2013; right ankle sprain/strain injury, left knee internal derangement, and lumbosacral sprain/strain injury. Under consideration is a request for Norco 10/325mg #30. There is a primary treating physician report dated 9/2/14 that states that the patient has low back and right knee pain. He is also starting to develop some left knee pain due to compensatory reasons. The patient reports his pain as 6/10 on VAS pain scale today without medication, with medication his pain level does go down. He is currently utilizing Norco 10/325 mg once a day and Duexis twice a day for inflammation. He is tolerating medications well and denies side effects. On exam the patient is alert and oriented. No signs of sedation. Speech is not slurred. The patient makes good eye contact. No assistive device is used for balance and ambulation. On exam the lumbar spine, lumbosacral tenderness to palpation with painful range of motion. In the right knee, the patient does have pain in the anterior portion of the knee. He has pain with range of motion. The patient has ongoing in his low back and right knee pain and is starting to develop some compensatory pain on the left side of his knee. The patient was initially getting Norco from his surgeon, but this has since been changed. The patient wishes to get medication from the treating physiatrist office. He is utilizing Norco 10/325 mg once a day for pain control and Duexis twice a day for inflammation. Since the patient is utilizing Norco, we will do urine drug screen today.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco 10/325mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has been taking Norco dating back to 2011. There is no significant evidence of functional improvement or significant change in pain despite remaining of long term opioids. There is no indication that the pain medication has improved patient's pain or functioning to a significant degree. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The request for Norco10/325mg #30 is not medically necessary.