

Case Number:	CM14-0051646		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2005
Decision Date:	08/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 65-year-old female with a 9/19/05 date of injury. The exact mechanism of injury has not been described. A progress note dated 2/23/14 indicates that the patient is experiencing increased right-sided leg pain. The patient has low back pain that is increased with activity. Objective findings revealed an antalgic gait with a well-healed incision over the right knee with moderate swelling and diffuse tenderness. On 4/10/14, the patient is noted to use Norco 1-2 tablets per day and denies any adverse side effects. It is noted that she is taking less of the medication over the past few weeks and will require 30 tablets per month. An appeal note 5/8/14 was reviewed. The provider notes that the patient has had satisfaction with her use of Norco with the span over many months. Diagnostic Impression: Chronic Lumbar Pain, Lumbar Radiculopathy, s/p total knee replacement. Treatment to date includes medication management and activity modification. A UR decision dated 3/19/14 denied the request for Norco, and modified the request from #90 to #45. It was denied based on the fact that the patient's pain remained the same despite long-term use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #90: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, an appeal note indicated that the patient has had satisfaction over the span of several months with her medication regimen. However, there is no clear documentation of functional improvement or continued analgesia from the patient's current medication regimen. There is no evidence of CURES monitoring, opiate pain contract, or urine drug screens. In addition, this request is for 90 tablets for a 1-month supply, and in multiple progress notes, it is noted that the patient is only taking 1-2 tablets per day. Therefore, the request for Norco 5 mg #90 was not medically necessary.