

Case Number:	CM14-0015977		
Date Assigned:	06/04/2014	Date of Injury:	01/02/1998
Decision Date:	04/02/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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. 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: New Jersey, New York
 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 (IW) is a 54 year old female who sustained an industrial injury on 01/02/1998. She has reported low back pain, thoracic back pain, hip pain, numbness, weakness, loss of sensation and decreased mobility. The IW recently fell and is having increased pain along with pain in her right knee. She has increased difficulty walking, and states the pain is down into her lower extremities bilaterally. Diagnoses include post right knee fracture, arthrofibrosis, complex regional pain syndrome, status post right total knee replacement, low back pain, lumbar strain, lumbosacral disc disease, status post lateral digital extensor tendon, rheumatoid arthritis and depression. Treatment to date includes, surgeries and medications. A progress note from the treating provider dated 12/10/2013 indicates tenderness is present to palpation of the lumbar/sacral spine, and she has a positive right and left sitting straight leg raise. There are no paraspinal muscle spasms, and the IW exhibits decreased left lower extremity and decreased right lower extremity motor strength. The sensory exam shows decreased sensation in the right and left lumbar spine at levels L4, L5, and S1. Deep tendon reflexes in the lower extremities are decreased but equal. The plan is for refill of medications as previously prescribed and follow up in 4 weeks. The IW is seeing an orthopedist who is evaluating her right knee. On 01/24/2014 Utilization Review non-certified a request for Norco 10/325 mg #60 with 2 refills for low back and lower leg pain, noting there was use of a brand name medication when a generic equivalent exists, a potential for clinical abuse or misuse and an excessive duration of treatment. Non MTUS, ACOEM or ODG references were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325 MG, #60 WITH 3 REFILLS FOR LOW BACK AND LOWER LEG

PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what her pain was like previously and how much Norco decreased her pain. There is no objective documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.