

Case Number:	CM14-0127276		
Date Assigned:	09/16/2014	Date of Injury:	02/17/2011
Decision Date:	07/13/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 02/17/2011. He has reported subsequent wrist, hand and knee pain and was diagnosed with left knee severe degenerative joint disease status post total knee arthroplasty, left wrist arthralgia status post open reduction internal fixation, right carpal tunnel syndrome, right recurrent ACL tear status post reconstruction and right knee osteoarthritis. Treatment to date has included medication, application of ice, cervical steroid injection, physical therapy, chiropractic therapy, acupuncture and surgery. The injured worker was taking Norco since at least 01/24/2014. In a progress note dated 07/08/2014, the injured worker complained of bilateral knee and low back with bilateral lower extremity symptoms and increased pain in the bilateral wrists and hands. Objective findings were notable for an antalgic gait and positive Phalen's and Tinel's tests of the bilateral wrists. The physician noted that the injured worker's Norco was being decreased to a maximum of 4 per day and that at follow up Norco would be decreased to 3 per day. A request for authorization of Norco 10/325 mg #150 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg #150 is not medically necessary and appropriate.