

Case Number:	CM14-0198168		
Date Assigned:	12/08/2014	Date of Injury:	12/11/2003
Decision Date:	02/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 & Rehabn

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 59 year old female with a reported industrial injury on December 11, 2003, the injury occurred when the injured worker fell off two stairs while posing for a photograph this was per the Utilization Review records. The injured worker was seen on October 21, 2014, for follow-up visit with the secondary treating physician. The presenting complaints included left knee/foot pain with lower extremity pain; the pain is moderate and described as throbbing and constant, the pain becomes sharp with movement and position changes, sitting to standing, the injured worker states the knee pain becomes worse with climbing stairs, she also reports left lower extremity numbness, tingling, weakness, mild warmness and moderate swelling. The injured worker also reports due to transferring weight to the right knee to support the left knee weakness she now has right knee pain and describes it as a mild tenderness. The injured worker is able to perform daily activities of daily living. The physical exam revealed normal gait, decreased sensation around, left knee, allodynia and hyperthesia. The diagnostic studies have included urine drug screen which was consistent with the medication the injured worker was taking, there was nothing mentioned of any other studies. The medical treatment is Norco, Trazodone. Diagnoses are Pain in limb and insomnia. The treatment plan is refill medication, counsel patient on medication dosage and usage, counsel on therapeutic exercise; Magnetic resonance imaging (MRI) of left knee, counsel on intra-articular injection. The injured worker has an allergy to steroids and follow up in one month. On October 29, 2014, the provider requested Norco 10-325 mg #180, on November 5, 2014, the Utilization Review modified the request to Norco 10-325 mg #150 for weaning to off over 3-4 months. The decision was based

on the California Medical treatment utilization schedule (MTUS) guidelines and American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 81, 124. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines, Second edition (2004), Chapter 3, pages 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with left leg pain, low back pain, right hip/buttock pain, and left lower leg pain. The request is for NORCO TABLETS 10-325 mg. The patient has been taking Norco as early as 05/06/2014. MTUS Guidelines pages 88-89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4.As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 05/06/2014, 06/03/2014, 07/01/2014, 09/23/2014, and 10/21/2014 reports all indicate that the patient rates her pain as a 7/10. On 08/26/2014, the patient rated her pain as a 10/10. Although the treater documents pain scales, not all 4.As are addressed as required by MTUS Guidelines. The treater does not provide any discussion regarding side effects/adverse behavior. In regards to ADLs, the treater states the patient is able to perform daily ADL (cooking, showering, and cleaning) with current medications. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen on 06/03/2014 which was inconsistent with the patient's prescriptions. The patient is prescribed both trazodone and hydrocodone; however, the patients sample was not detected with trazodone. The treating physician does not provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.