

Case Number:	CM15-0000827		
Date Assigned:	01/12/2015	Date of Injury:	07/13/2010
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, California
 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:

This is a 58 year old female patient, who sustained an industrial injury on 7/13/2010. The current diagnoses are internal derangement of right knee, right knee sprain/strain, right knee effusion, right wrist sprain, lumbar sprain, and status post right knee arthroscopy (4/4/2014). According to notes, there has been no improvement since surgery. The recent notes were not fully legible. Per the note dated 12/15/2014, she had complains of right knee, low back, and right wrist pain. Physical examination revealed lumbar spine- tenderness, spasm and positive straight leg raising; right knee- tenderness and positive crepitus. The medications list includes norco, ranitidine, metoprolol and baby aspirin. She has undergone right knee arthroscopic surgery on 1/28/2011 and 4/4/2014; left knee surgery in 12/2003 and lumbar spine surgery on 3/7/2012. She has had lumbar MRI on 12/9/14 which revealed post operative changes and disc bulge at L1-2 and T12-L1. She has had physical therapy visits for this injury. The treating physician is requesting Norco 10/325mg, which is now under review. On 12/24/2014, Utilization Review had non-certified a request for Norco 10/325mg. The Norco was non-certified based on lack of clear and sufficient clinical information. The Medical Treatment Guidelines were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 76-80 . Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Norco 10/325mg. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg is not established for this patient.