

Case Number:	CM15-0000987		
Date Assigned:	01/12/2015	Date of Injury:	11/02/2011
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
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: 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 is a 66 year old male, who sustained an industrial injury on 11/02/2011. He has reported subsequent right knee and right upper extremity pain. The diagnoses have included reflex sympathetic dystrophy of upper limb, right knee pain, right upper extremity pain and status post right total knee replacement. Treatment to date has included oral pain medication and a home exercise program. Documentation showed that Norco was a chronic pain medication since at least 03/25/2014, however a physician progress note from 10/21/2014 noted that Norco was being stopped and Tramadol was being started. A 11/04/2014 physician progress note showed that since the switch from Tramadol to Norco, the injured worker reported that his pain had worsened. The physician noted at that time that Tramadol would be stopped and that the injured worker would be placed back on Norco. Currently the injured worker complains of continued 7/10 right knee and right upper extremity pain which had not significantly improved since the last visit. Objective physical examination findings were notable for allodynia in the right wrist and decreased range of motion of the right knee. The right knee was noted to look healed. The physician made a request for a refill of Norco. On 12/18/2014, Utilization Review partially certified a request for Norco, modifying the request from 10/325 mg # 210 to 10/325 mg #180 noting that since there was insufficient documentation of medical necessity, the medication should be weaned. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list Page(s): 78.

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 long-term (Norco initially, then Tramadol) without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no previous 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. It is unclear if the patient had other conservative measures and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered medically unnecessary.