

Case Number:	CM15-0002473		
Date Assigned:	01/13/2015	Date of Injury:	04/11/2010
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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: 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:

The injured worker is a 46 female, who sustained an industrial injury on 04/11/2010. She is status post knee exam under anesthesia, arthroscopy, chondroplasty of medial femoral condyle and patella, lateral release on 03/18/2013, and lumbar sacral disc displacement. Treatment documented to date has included medications. In a hand written progress note dated 11/20/2014 notes the injured worker continues to complain of low back pain that radiates to both legs left greater than the right. Pain increases in cold weather. Additional physician notes documents the injured worker has pain present in the lower back which is throbbing, and radiates into the left buttock and into both lower extremities. She also has pain in her left and right knee. Left knee pain is worse than the right knee. In addition she has pain which is constant in her right and left ankle. She uses a cane-and has positive inversion. The treating provider is requesting Norco 10/325mg. The injured worker is not working. Urine drug screen dated 9/5//14 noted that Hydrocodone was prescribed but not detected. On 12/10/2014 a Utilization Review non-certified the request for Norco 10/325mg, citing MTUS, ACOEM Guidelines.

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 Opioids Page(s): 74-96.

Decision rationale: Per the MUTS guidelines, opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. The MTUS guidelines also note that if opioids are to be continued, there must be improvement in pain and function. In this case, the injured worker has been prescribed opioids for an extended period of time and there is no indication of objective functional improvement. The medical records note that the injured worker is to remains off work. In addition, there is evidence of inconsistent urine drug screen, as urine drug screen dated 9/5/14 noted that hydrocodone was prescribed but not detected. The injured worker does not meet the MTUS criteria for opioid use, and the request for Norco 10/325 mg is not medically necessary.