

Case Number:	CM15-0002915		
Date Assigned:	01/26/2015	Date of Injury:	07/14/2012
Decision Date:	03/11/2015	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: Emergency Medicine

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 57-year-old female, with a reported date of injury of 07/14/2012. The diagnoses include bilateral patella femoral chondromalacia and left hand third and fourth finger strain. Treatments have included topical pain medication, and Norco. No diagnostic test reports were included in the medical records provided for review. The progress report 12/02/2014 was handwritten, and somewhat illegible. The report indicates that there was no change, and the injured worker's left hand was functional. The objective findings include tenderness to palpation of the left hand, both knees 0-90+, no effusion, with tenderness to palpation. The treating physician requested Norco 10/325mg. The rationale for the request was not documented. It was noted that the injured worker was not a candidate for arthroscopic surgery. On 12/10/2014, Utilization Review denied the request for Norco 10/325mg #60 to refill after 12/16/2014, noting that to support ongoing use of an opioid, documentation should contain visual analog scale scores, ongoing objective functional benefit, a narcotic contract, and urine drug screen monitoring for abnormal behaviors. The MTUS Chronic Pain 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 #60, refill after 12/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, On-going Management..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Page.

Decision rationale: The requested Norco 10/325mg #60, refill after 12/16/2014 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented tenderness to palpation of the left hand, both knees 0-90+, no effusion, with tenderness to palpation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #60, refill after 12/16/2014 is not medically necessary.