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| Case Number: | CM15-0003445 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 07/20/2012 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 07/20/2012. He has reported subsequent neck, back, left lower leg, left arm and right knee pain and was diagnosed with right knee medial compartment osteoarthopathy, status post left shoulder arthroscopic subacromial decompression and right foot plantar fasciitis. Treatment to date has included oral pain medication, viscosupplementation series, TENS unit and physical therapy. Norco was a chronic medication since at least 08/22/2014. In a progress note dated 12/22/2014, the treating physician reports that the injured worker was having continued right knee, right foot and heel, low back and shoulder pain. The pain was rated as 5-7/10. Objective physical examination findings were notable for tenderness of the right knee medial and lateral joint line, crepitation with range of motion and limited range of motion. Tenderness of the lumbar spine was also noted with decreased range of motion and left shoulder tenderness and limited range of motion were noted. The physician requested a refill of Norco for pain. On 01/06/2015, Utilization Review approved a request for Norco but non-certified a request for Norco 10/325 mg, one refill, noting that due to insufficient documentation to determine that Norco is warranted, 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, one refill, per 12/16/14 PR2 QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Opioid Classification, Opioid Specific Drug List, Opioid C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 with one refill, date of service to December 16, 2014 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed pain function. In this case, the injured workers working diagnosis is knee joint pain. Subjectively, the injured worker has pain in the right knee. Objectively, gait is normal. There is tenderness to palpation of the right knee. There is atrophy over the quadriceps. The documentation indicates the injured worker has been taking hydrocodone as far back as July 21, 2014. This is the first progress note in the medical record. It is unknown whether this is a refill versus a new prescription. The pain management specialist wrote the prescription for Norco 10/325mg) to #180. The primary care physician wrote a prescription for tramadol ER 150 mg, in addition to, naproxen 550 mg, pantoprazole, and Flexeril. The primary treating physician does not appear to know about the Norco10/325 mg being written by the pain management specialist. Consequently, two opiates are prescribed being taken concurrently. There is no overriding clinical rationale for that decision-making. Additionally, a urine drug toxicology screen was ordered August 22, 2014. The results were inconsistent. Hydromorphone was detected in the urine specimen although not prescribed. Hydrocodone (Norco) was detected and prescribed. There was no further discussion in the medical record as to the inconsistent results. The documentation does not contain objective functional improvement as it relates to ongoing long-term Norco use. Despite the abnormal/inconsistent urine drug toxicology screen there is no risk assessment in the medical record. Also, there is no detailed pain assessment in the medical record. Consequently, absent clinical documentation with objective functional improvement, and inconsistent urine drug screen with a non-prescribed opiates and two opiates prescribed by two different physicians, Norco 10/325 mg #180 with one refill, date of service December 16, 2014 is not medically necessary.