MAXIMUS Federal Services

Case Number:	CM15-0005649		
Date Assigned:	01/26/2015	Date of Injury:	01/30/2007
Decision Date:	03/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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 41 year old male, who sustained an industrial injury on January 30, 2007. He has reported injuries to his knees, low back, and feet. The diagnoses have included history of bilateral knee pain with severe chondromalacia patellae and chronic tendinopathies in both knees, intraarticular ganglion cyst in the right knee by MRI, bilateral foot pain, status post tarsal tunnel releases with worsening symptoms of chronic plantar fasciitis, neuropathic burning pain in the lower extremities, chronic insomnia due to back and lower extremity pain, and reactive depression with industrial onset, stable with psychotropic medications. Treatment to date has included physical therapy, bracing, psychotherapy sessions, orthotics, cortisone injections, and medications. Currently, the injured worker complains of bilateral knee and ankle pain, and ongoing issues of depression. The Physician's visit dated November 26, 2014, noted the injured worker wearing bilateral knee and ankle braces, using a cane for ambulation. The injured worker reported the pain a 10/10 without medications. Physical examination was noted to show bilateral knee patellar compression with pain and passive rage with some crepitus bilaterally. Examination of the bilateral ankles revealed exquisite tenderness over the plantar fascia, with passive range of motion painful in both ankles. Lower back examination was noted to show some limited range of motion.On December 11, 2014, Utilization Review modified the request for one prescription of Norco 10/325mg #180, noting the request was not medically appropriate at the time, with recommendation for continued weaning purposes only, with the request modified to allow for one prescription of Norco 10/325mg #30 certified with the remaining #150 non-certified. The MTUS Chronic Pain Medical Treatment Guidelines, and the MTUS American

College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 13, Knee Complaints, and Chapter 14, Ankle and Foot Complaints, were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of one prescription of Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 346, 376,Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

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): Pages.

Decision rationale: The requested 1 prescription of Norco 10/325mg #180, 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 injured worker has pain rated at a 10/10 without medications. The treating physician has documented bilateral knee patellar compression with pain and passive rage with some crepitus bilaterally. Examination of the bilateral ankles revealed exquisite tenderness over the plantar fascia, with passive range of motion painful in both ankles. Lower back examination was noted to show some limited range of motion. The treating physician has not documented 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, 1 prescription of Norco 10/325mg #180 is not medically necessary.