MAXIMUS Federal Services

Case Number:	CM15-0005851		
Date Assigned:	01/20/2015	Date of Injury:	05/08/2009
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
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: New Jersey
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 58-year-old male, with a reported date of injury of 05/08/2009. The diagnoses include lateral meniscal tear of the right knee, chronic left plantar fascial fasciitis, chronic left metatarsalgia, status post right forearm surgery, with chronic pain.Treatments have included an x-ray of the left foot on 10/13/2007, an x-ray of the right knee on 10/13/2007, and oral pain medications.The medical report dated 12/01/2014 indicates that the injured worker complained of right forearm pain with numbness. It was noted that without the Norco, the injured worker had more pain and spasms. His hand locked up on him in a flexed position, and he was unable to move his fingers or wrist for a while. The pain was constant and was getting worse. The physical examination showed tenderness, full range of motion with pain, and tenderness all over the forearm. The treating physician requested Norco 7.5/325mg #90, and indicated that the injured worker really needed the medication. He did not abuse the medication and he took two or three a day to alleviate his pain, otherwise he could not use his right forearm.On 12/16/2014, Utilization Review (UR) modified the request for Norco 7.5/325mg #90 for weaning, noting that there was no documentation of functional improvement and pain relief. 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:

1 Prescription of Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this entire review regarding the Norco use was completed around the time of this request for renewal. There was not enough of a report of measurable pain reduction and functional improvement directly related to the Norco, and this was in a setting of his arm pain worsening even with the medication being used regularly. Also, the injury in question from 5/8/2009 did not involve his arm, according to the notes provided for review. Therefore, considering the above factors, the Norco will be considered medically unnecessary. Weaning may be necessary.