

Case Number:	CM15-0007879		
Date Assigned:	01/26/2015	Date of Injury:	12/05/2013
Decision Date:	03/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/13/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50-year-old individual who sustained an industrial injury on 12/05/2013. The injured worker complains of knee and low back injuries. Diagnoses include lumbar sprain and strain, epicondylitis, sacroiliac ligament sprain and strain, bilateral patellofemoral syndrome, osteoarthritis sites bilateral knees and hip, and a meniscus tear. Treatment to date has included injections, medications, ice therapy, chiropractic of the lumbar spine, physical therapy, hinged knee brace, ice therapy and walking. A physician progress note dated 12/09/2014 documents the injured worker has pain in the left knee rated 7 out of 10, which is constant and worse at night, and radiates to left inner thigh to left hip to low back, rated 7 out of 10 with heaviness to left ankle with numbness/tingling. The right knee pain is 6 out of 10 and is constant, dull with numbness to the lateral aspect. There is less back stiffness with chiropractic sessions, and left knee pain is not significantly improved. Magnetic Resonance Imaging of the left knee documented grade II trochlear chondromalacia with anterior and posterior cyst formation on the femur. Magnetic Resonance Imaging of the lumbar spine showed early facet arthropathy and L5-L5. The treating provider is requesting Norco 5/325mg, # 60. On 01/09/2015 Utilization Review non-certified the request for Norco 5/325mg, # 60 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management; Opioids, specific drug list; Weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg #60 is not medically necessary.