

Case Number:	CM15-0103220		
Date Assigned:	06/05/2015	Date of Injury:	01/03/2003
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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: Physical Medicine & Rehabilitation

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 67 year old female patient who sustained an industrial injury on 01/03/2003. The accident was described as while working as a secretary receptionist she encountered repetitive motions and or duties on a continual basis that over the course of time showed with low back pains that progressed into the right lower extremity pains. She continued working regular duty. The injury was reported the patient was evaluated, underwent diagnostic testing, received medication and a course of physical therapy. A progress noted dated 11/17/2014 showed the patient with subjective complaint of continued right knee pain, giving way of knee and she requires the use of a cane to ambulate. Objective findings showed the right knee tender to palpation over the peripatellar region; crepitus is noted. Range of motion of the right knee is as follows: flexion at 108 degrees and extension is zero. The following diagnoses are applied: left ankle tenosynovitis of the flexor hallucis longus and posterior tibialis tendons per MRI on 03/03/2004 with partial tear of the lateral collateral ligament and interosseous ligament; lumbar spine musculoligamentous strain/sprain with a three mm disc bulge from L4-S1, another bulge at L3-4 and osteophyte complex, mild hypertrophic changes with mild to moderate neuroforaminal narrowing from L4 through S1 and bilateral sacroiliac joint sprain; right knee sprain secondary to antalgic gait, severe degenerative joint disease and patellofemoral arthralgia. She was on modified work duty. Current medications are: Norco 5/325mg, Zanaflex, Neurontin 300mg and Ducalox. A more recent primary treating office visit dated 03/04/2015 showed the patient reporting she does not want to take Gabapentin any longer. There is no

change in the treating diagnoses, or the subjective complaint. She is temporary totally disabled, not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The request for Norco 5/325mg #45 is not medically necessary and appropriate.