

Case Number:	CM15-0106924		
Date Assigned:	06/12/2015	Date of Injury:	10/15/2012
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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 42-year-old female who sustained an industrial injury on 10/15/12. Diagnoses are localized primary osteoarthritis of the lower leg and pain in the joint of the lower leg. A progress report from the primary treating physician dated 4/20/15, notes the injured worker states that her medication helps reduce her pain level and is able to perform her activities of daily living. Visual Analog Scale for pain is on average 9 out of 10. She reports the pain level has remained unchanged since the last visit, it does not radiate, there has been no change in her activity level, and she is taking her medications as prescribed and that the medications are working well. Opioid compliance and rules and regulations were discussed with the injured worker. Objective findings note an awkward gait which is assisted by a brace. Range of motion is restricted with flexion and extension to degrees due to pain. There is tenderness to palpation at the the tibial plateau. A urine drug screen collected on 3/23/15 documents results as negative and not consistent with Hydrocodone, Norhydrocodone, or Hydromorphone. A progress note from a treating physician dated 4/29/15 reports she continues to progress with physical therapy and aqua therapy but still complains of stiffness in the right knee after prolonged sitting. Physical exam findings are documented as the knee is tender medially, is positive for crepitus on passive range of motion, and neurovascularly intact distally. Work status is listed as total temporary disability. Previous treatment to date is Nabumetone, Norco, aqua therapy, and physical therapy. The treatment plan is to continue previously prescribed medications, refill Norco for pain, and complete the aqua therapy. The treatment requested is Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any actual objective improvement in pain or function. Patient has persistent severe pain and limited function. Patient also has noted 2 inconsistent urine drug screens which were negative for norco. Provider has failed to specify or discuss inconsistency. Either the patient is not taking the Norco or the urine sample does not belong to the patient. Either way, the significant concern concerning lack of improvement, inconsistent UDS and lack of long-term plan does not support continued use of Norco. The request is not medically necessary.