

Case Number:	CM15-0108437		
Date Assigned:	06/15/2015	Date of Injury:	09/25/2012
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 9/25/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having knee pain. Treatment to date has included diagnostics, Orthovisc injections, and medications. Urine toxicology tests (11/21/2014 and 1/16/2015) were inconsistent with expected results and tested negative for Hydrocodone. A progress report (9/26/2014) also noted inconsistent urine toxicology on 6/27/2014, testing negative for Norco. The progress report noted that she only took it when needed. Currently, the injured worker complains of continued left knee pain, rated 3-5/10 with medication and 4-7/10 without. She did not feel that Norco 5/325mg was significantly reducing her pain as it did previously. She was currently continuing to work in a primarily sedentary position. Exam noted left knee tenderness at the medial joint line and positive crepitus with flexion and extension. The treatment plan included continued Norco (with increase to 10/325mg) and Omeprazole. No significant changes in pain levels were noted over the last few months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is chronic left knee pain. The earliest progress note containing a prescription for Norco 10/325mg is dated September 26, 2014. This is the earliest progress note and not necessarily starting date. Urine drug toxicology screens are consistent for hydrocodone. The most recent progress note in the medical record is June 8, 2015. Subjectively, the injured worker has ongoing pain scores of 3-5/10. The injured worker feels that "Norco does not significantly reduce her pain as it was previously." The subjective section refers to Norco 5/325mg. The list of current medications refers to Norco 10/325mg. The injured worker is a low risk for opiate abuse and has returned to work full duty. There is no documentation demonstrating objective functional improvement with ongoing Norco 10/325mg. Consequently, absent clinical documentation with objective functional improvement to support ongoing Norco, subjective functional improvement and a statement by the injured worker indicating "Norco does not significantly reduce pain as it was previously", Norco 10/325 mg #120 is not medically necessary.