

Case Number:	CM15-0109994		
Date Assigned:	06/16/2015	Date of Injury:	05/31/2014
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48-year-old female, who sustained an industrial injury on 05/31/2014. She has reported injury to the right hand/wrist, right knee, and low back. The diagnoses have included status post right knee arthroscopy and debridement of meniscal tear; recurrent right knee meniscal tear; posterior and right foraminal disc protrusion at L4 over L5, and posterior central disc protrusion at T12 over L1; and right wrist soft tissue ganglion cyst. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit; physical therapy, and surgical intervention. Medications have included Norco and topical compounded cream. A progress note from the treating physician, dated 04/24/2015, documented a follow-up visit with the injured worker. The injured worker reported persistent pain in the lower back, rated at 7/10 on the visual analog scale; right wrist pain, rated at 8-9/10; the wrist pain is worsening and radiates up to her forearm with sharp pain and weakness in the hand; right knee pain rated at 5-7/10; the pain is made better with rest and medication; the Norco helps her pain from a 9 down to a 4, and it allows her to use her right hand to grasp and grip to do basic activities of daily living for 30 minutes, as opposed to 15-20 minutes without medications. Objective findings included decreased range of motion to the lumbar spine; tenderness to the lumbar paraspinal region; positive Kemp's sign bilaterally; right wrist with decreased grip strength at 4/5; tenderness to the volar and lateral aspect of the right wrist with slight decrease in range of motion; and right knee with slight decrease in range of motion, but improved since last month. The treatment plan has included the request for Norco 10/325 mg quantity 90 for 30 days (MED 30).

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 90 for 30 days (MED 30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg Qty 90 for 30 days (MED 30) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on opioids without significant evidence of functional improvement and persistent pain levels therefore the request for continued Norco is not medically necessary.