

Case Number:	CM15-0130149		
Date Assigned:	07/16/2015	Date of Injury:	12/18/2013
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 51 year old male, who sustained an industrial injury on 12/18/2013. He reported straining his back, right shoulder, and neck after an incident at work. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having left knee with internal derangement with intermittent locking, right knee status post anterior cruciate ligament repair, cervicgia, thoracalgia, lumbalgia secondary to knee injuries, right shoulder supraspinatus tendinosis, right elbow and hand pain, and plantar fasciitis worsened from anterior cruciate ligament tear. Treatment and diagnostics to date has included physical therapy, knee and cervical spine exercise and medications. In a progress note dated 06/14/2015, the injured worker presented with complaints of acute right upper extremity pain with history of stress and plantar fasciitis. Pain was rated 3-4/10 with medications and 8/10 without medications. Objective findings include decreased neck range of motion. The treating physician reported requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function, per the guidelines. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.