

Case Number:	CM15-0131431		
Date Assigned:	07/17/2015	Date of Injury:	11/13/2009
Decision Date:	08/19/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55-year-old male who sustained a work related injury November 13, 2009. Past history included status post right knee arthroscopy with partial medial and lateral meniscectomy and meniscus repair using Fast-Fix x 5 September, 2012, status post right knee arthroscopy with 30% partial lateral meniscectomy, microfracture femoral condyle and trochlear groove, June 2012, hypertension, osteoarthritis, fatigue, and depression. According to a treating physician's progress report dated May 21, 2015, the injured worker presented for evaluation of low back pain, and right and left leg pain. The pain developed gradually several years ago and is constant. He reports difficulty walking and bilateral buttock pain. Previous treatment included physical therapy, non-steroidal anti-inflammatory drugs, and pain medication, all noted to be effective. Height recorded as 6'1.5" and weight 299 pounds. Diagnoses are chronic pain syndrome; depression; hypertension; degenerative disc disease, degenerative joint disease thoracic lumbar; hypogonadism; coronary artery disease; internal derangement both knees. At issue, is the request for 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 Qty: 126.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.