

Case Number:	CM15-0139436		
Date Assigned:	07/29/2015	Date of Injury:	03/18/2002
Decision Date:	09/23/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/17/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on March 18, 2002. She reported slipping and falling at work. The injured worker was diagnosed as having status post Bagby and Kuslich (BAK) cage placement at L4-L5 with ongoing back and radicular symptoms of the right leg, and right knee pain with history of prior arthroscopy. Treatments and evaluations to date have included lumbar spine surgery, right knee surgery, physical therapy, cortisone injection, Synvisc injection, MRIs, and medication. Currently the injured worker reports ongoing severe pain in her back with spasms, radiating pain to both legs, and right knee pain and instability. The Treating Physician's report dated June 3, 2015, noted the injured worker rated her pain an 8 out of 10, at best a 4 out of 10 with the medications given to her, and a 10 out of 10 without medications. The injured worker reported a 50% reduction in her pain and improvement in her activities of daily living (ADLs) with the medications versus not taking them. The injured worker was noted to be taking Norco as needed for pain, Relafen for inflammation, and Gralise for neuropathic burning. Physical examination was noted to show a very swollen right knee with excessive laxity with varus and valgus maneuvers, painful patellar compression, and crepitus on active range of motion (ROM). The lower back examination was noted to show lamed range, with positive bilateral straight leg raise, and sensory loss to light touch and pinprick at the right lateral calf and bottom of her foot. The treatment plan was noted to include refill of the Norco, Relafen, and Gralise medications as the Physician noted it kept her functional. The injured worker was noted to have a narcotic contract and appropriate urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of having been using Norco chronically for many months leading up to this request for renewal. However, this full review stated above was not evidenced by the notes provided for review. Only vague reports for pain reduction and increased function with "medications" was given, without a more specific report regarding Norco and pain levels with and without use as well as specific functional gains directly and independently related to Norco use. Without a more specific and direct report regarding the worker's Norco use, the Norco will be considered medically unnecessary at this time, until this evidence of benefit is provided for review. Weaning may be indicated.