

Case Number:	CM15-0144092		
Date Assigned:	08/05/2015	Date of Injury:	04/16/2010
Decision Date:	09/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old male who sustained an industrial injury on April 16, 2010. The injured worker was diagnosed as having right hip sprain-strain with moderate right greater than left hip osteoarthritis with active right side radiculitis and diabetic neuropathy, left knee contusion and sprain, morbid obesity, severe pitting edema of the lower extremity, seasonal affective disorder (SAD), sleep disturbance, and insulin dependent diabetes mellitus. Treatments and evaluations to date have included cortisone injection and medication. Currently, the injured worker reports right hip and left knee pain with depression, stress, anxiety, and sleep disturbance. The Primary Treating Physician's report dated June 12, 2015, noted the injured worker reporting his left knee giving out, with his pain rated 8-9 out of 10 in the left knee and 9 out of 10 in the right hip. The injured worker reported the Norco was helpful with pain, with no change in function since the previous examination noted. The injured worker was noted to have an antalgic gait, using a scooter for ambulation. The right hip was noted to have tenderness. The treatment plan was noted to include requests for authorization for Norco, scooter maintenance with a new Harmen lift strap, custom orthotic shoes for both feet, and the Lindora weight loss program. The injured worker's work status was noted to be permanent and stationary, not currently working. On June 24, 2015, Utilization Review non-certified the request for Norco 5/325 mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg tabs 60 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic) Hydrocodone/Acetaminophen, opioids, ODG treatment integrated treatment/disability duration guidelines, pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-83.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from June 12, 2015, included no significant adverse effects or aberrant behavior; however, the notes did not include documentation of the pain with and without medication, pain contract on file, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 5/325 mg #60 with 3 refills is not medically necessary and appropriate for ongoing pain management.