

Case Number:	CM15-0147169		
Date Assigned:	08/10/2015	Date of Injury:	03/25/2007
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on March 25, 2007. He reported right shoulder pain, left knee pain and lumbar spine pain. The injured worker was diagnosed as having sciatica, left tibia plateau fracture and left chondromalacia. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, chiropractic care, medications and work restrictions. Currently, the injured worker continues to report continued right shoulder pain, low back pain and left knee pain with associated sleep disruptions. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on June 15, 2015, revealed right shoulder pain, lumbar pain and left knee pain. It was noted walked with a limp. It was reported he had continued sleep difficulties and a trial of Ambien was recommended. Norco was continued. Evaluation on July 7, 2015, revealed continued pain. He reported some benefit with chiropractic care and some temporary relief with current medication. He continued to limp. Norco was continued. Norco 10/325mg #90 (3 x daily) was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 (3 x daily): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60,61, 76-78, 88,89.

Decision rationale: The current request is for Norco 10/325mg #90 (3 x daily). The RFA is dated 07/07/15. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, chiropractic care, medications and work restrictions. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Evaluation on July 7, 2015, revealed continued right shoulder pain, low back pain and left knee pain with associated sleep disruptions. This is a request for refill of Norco. The treater states that the patient has been on same medication regimen for greater than 6 months. The medical file includes progress reports from 06/23/15 and 07/07/15. Both report states that the patient "reported some benefit with chiropractic care and some temporary relief with current medication." Neither of these report provide discussion regarding specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing Norco. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.