

Case Number:	CM15-0163545		
Date Assigned:	09/09/2015	Date of Injury:	02/28/2000
Decision Date:	10/13/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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, North Carolina
 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 59 year old male, who sustained an industrial injury on 2-28-00. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee pain-status post knee arthroplasty; revision right knee; right shoulder arthralgia. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 7-8-15 indicated the injured worker complains of right knee pain and right shoulder pain rated at 8-9 out of 10. He is in the office for a follow-up for evaluation and ongoing opioid medications. He reports his right shoulder pain is flared after caring for his pool and continual brooming to address an algae bloom. He states he has also been trimming bushes, which have increased his pain. He also reports that he left his medication in [REDACTED] where the parents were at the hospital for a new baby. He found he had a few Norco at home but has been supplementing with his wife's Tramadol. He has been seeing another non-worker's compensation provider for his knee pain. That provider previously supplied him with a prescription of Oxycodone and looking forward to having that prescription for his fishing trip. He reports having an appointment with another provider for evaluation of his right shoulder. The injured worker reports he is sleeping well and his pain is still well controlled with his medications. On physical examination, the provider documents the injured worker has an antalgic gait favoring the right lower extremity otherwise tandem with upper extremity. He notes the injured worker is a status post right knee arthroplasty with possible loose hardware at this time. The treatment plan includes a discussion of preciously stated Tramadol was of no benefit and he continues to use it even after discussing with him at his last visit it was in violation of his opioid agreement. The provider is waiting on

his urine drug testing (UDT) results. He finds it a complex decision to continue schedule II Norco 10-325mg 1 PO every 6 hours with a maximum of 4 every day and will continue to evaluate his to see if he remains a good candidate for opioid therapy. The provider reports his last UDT of 4-5-15 was consistent. He is seeing another provider for his left knee and will be seeking Oxycodone from his for his flare of pain. The provider notes he is seeking "high-risk" behaviors and the provider has serious concerns about continuing with opioid medications. He has encouraged the injured worker to use his braces, gentle range of motion and strengthening exercises. He also encouraged weight loss. He will follow-up in 60 days. Request for Authorization is dated 8-20-15. A Utilization Review letter is dated 7-21-15 and non-certification was Norco 10/325mg #120. The provider is requesting authorization of Norco 10/325mg #120 (prescriptions for July and August 2015).

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: CA MTUS Guidelines state that ongoing opioid use is supported if the prescriptions are from a single practitioner, are prescribed at the lowest possible dose, and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. There is evidence in the records submitted of pain relief and increased ADLs with the use of Norco. However there is no documentation of functional benefit or improvement regarding a reduction in work restrictions, an increase in activity tolerance and/or a reduction in the use of medications as a specific result of the use of Norco. Norco is not intended for long-term use. Therefore, the request is not medically necessary or appropriate.