

Case Number:	CM15-0190322		
Date Assigned:	10/02/2015	Date of Injury:	06/03/2009
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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 65 year old female, who sustained an industrial injury on 06-03-2009. She has reported subsequent low back and knee pain and was diagnosed with lumbar facet syndrome, knee pain, low back pain and pain in joint of lower leg. Treatment to date has included oral and topical pain medications which were noted to provide good pain relief. Documentation shows that Norco was prescribed since at least 12-12-2014. In progress notes dated 05-29-2015, 07-24-2015 and 09-18-2015, the injured worker reported low back and bilateral knee pain that was rated as 5 out of 10 without medication and 3 out of 10 with medication. Medications were noted to help keep pain under control and pain ratings were noted to be unchanged since the last visit. There was no documentation of objective functional improvement or change in work status with the use of Norco. Objective examination findings on 05-29-2015, 07-24-2015 and 09-18-2015 revealed decreased range of motion of the lumbar spine and left knee, tenderness of the lumbar paravertebral muscles to palpation with trigger point on the right side, positive facet loading test on the right side, tenderness of the sacroiliac spine, left knee swelling, crepitus bilaterally with range of motion and numbness over the bilateral surgical scars over the knees. The injured worker reported that she had been off work since August 2014 "because they still don't have a stool for her to use in her booth." The physician noted during the 05-29-2015, 07-24-2015 and 09-18-2015 visits, that Norco would be decreased from 105 a month to 90 a month and had been temporarily increased for a flare up of pain. A request for authorization of Norco 10-325 mg #180 was submitted. As per the 09-24-2015 utilization

review, the request for Norco 10-325 mg #180 was modified to certification of a quantity of 90 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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, criteria for use, Opioids, long-term assessment.

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, it was reported that the worker tolerated 90 pills per month of Norco with functional gains and modest pain reduction, although this report was not specific to state how effective the Norco was independent of other pain medications used (lidocaine, etc.). Also, limited reporting on side effects was included in the notes. Also, there was no discussion seen on how the worker was attempting to lose weight or perform physical exercises to accompany the Norco use. Therefore, in the opinion of this reviewer and based on the evidence presented, it appears the Norco is not medically necessary and weaning is recommended.