

Case Number:	CM15-0190664		
Date Assigned:	10/02/2015	Date of Injury:	09/13/2001
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female, who sustained an industrial injury on 9-13-2001. The injured worker was diagnosed as having knee pain, unspecified, and pain in limb. Treatment to date has included diagnostics, right knee surgeries (operative reports not submitted), physical therapy, and medications. Currently (9-09-2015), the injured worker complains of right knee pain, rated 3 out of 10 with medication and 10 out of 10 without (rated 5 out of 10 with medication and 10 out of 10 without on 7-28-2015 and 6 out of 10 with medication , 10 out of 10 without on 6-26-2015)." ADL flow sheet" documented "Y" or "yes" next to specified activities of daily living. The progress report dated 6-26-2015 noted that she reported that she felt that Norco was no longer working but did not want to go back on strong medications. She was currently "stable" on current medication and denied side effects. A review of symptoms was positive for anxiety and depression. A signed pain contract was documented as signed on 7-31-2015. Her work status was "off work until @ permanently disabled". Urine toxicology on 4-27-2015 was positive for opiates. The use of Norco 10-325mg (1-2 tabs every 4 hours as needed) was noted since at least 3-03-2015, at which time her right knee pain was rated 3 out of 10 with medications. Per the Request for Authorization dated 9-09-2015, the treatment plan included Norco 10-325mg (1-2 tabs every 4 hours) #180, modified by Utilization Review to Norco 10-325mg #135 on 9-22-2015.

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 for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco since at least March 2015. Her pain control since then has been inconsistent and she has stated that she feels the Norco is no longer working but that she did not want to be prescribed stronger medication. Additionally, there is a lack of documented objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #180 is determined to not be medically necessary.