

Case Number:	CM15-0192595		
Date Assigned:	10/06/2015	Date of Injury:	05/09/2002
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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 67 year old male, who sustained an industrial injury on 05-09-2002. He has reported subsequent neck, low back, shoulder and knee pain and was diagnosed with internal derangement of knee, sprain and strain of lumbar region and knee bursitis. The only documentation submitted consists of MRI reports of the right and left knee and lumbar spine, urine drug screen results, a medication script and a progress note dated 08-12-2015. Treatment to date has included pain medication and application of heat. It's unclear as to how long Norco had been prescribed or the effectiveness of Norco over time for relieving pain and improving objective function. In the 08-12-2015 progress note, the injured worker reported intermittent bilateral knee, right sided neck and shoulder pain that was rated as 7 out of 10. The injured worker reported that the use of pain medications Norco had been effective at controlling symptoms of pain involving the knee and low back and to allow him to function more independently with activities of daily living. Objective examination findings revealed crepitus with passive range of motion of the knees, tenderness to palpation in the medial and lateral joint line with retropatellar tenderness bilaterally, trigger points palpated in the upper latissimus dorsi, lower latissimus dorsi, gluteus maximus, gluteus medius and quadratus lumborum bilaterally, decreased range of motion of the lumbar spine, decreased motor strength left and right knee flexion and paresthesias to light touch in peristalsis with light touch along the medial aspect of the legs bilaterally. Work status was documented as permanently disabled. A request for authorization of Norco 10-325 mg, #120 with 1 refill was submitted. As per the 09-04-2015

utilization review, the request for Norco was modified to certification of Norco 10-325 mg #120 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, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The request is for Norco 10/325 mg, #120, with 1 refill. It is unclear how long this patient has been taking Norco. His date of injury was in 2002 and he complains of neck, shoulder, low back and bilateral knee pain. CA MTUS Guidelines state that ongoing use of opioids should document the "4 A's," which include analgesia, ADLs, adverse side effects and aberrant behavior. The medical records submitted do contain documentation regarding the proper use of opioids, with ongoing review of the 4 A's. The patient has had a satisfactory response to treatment with documentation of pain relief, improved function and ADLs and improved quality of life. Urine drug screen submitted 8/13/2015 was consistent. The patient is taking #4 Norco 10/325 mg/day, which is less than the maximum daily recommended dosage. However refills are not appropriate in this case, as the patient needs close monitoring to allow attempts at weaning from the Norco and non-pharmacologic trials of therapy. Therefore the request is not medically necessary or appropriate.