

Case Number:	CM15-0193582		
Date Assigned:	10/07/2015	Date of Injury:	03/26/2004
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, Florida, 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 male who sustained an industrial injury on March 26, 2004. An orthopedic evaluation dated December 15, 2014 reported chief subjective complaint of bilateral knee pain. There is note of pending request for gym membership. He is with current subjective complaint of: "pain, aching, throbbing, and numbness at the right knee." He states "that swelling is present at the right knee." He is not sleeping due to pain and noted taking Norco 8 times daily managing his pain. He is also taking Prilosec, and Colace. He states having "increased spasms in the hamstrings and quadriceps." Current medications listed: Norco and Soma. The impression noted the worker with: left knee internal derangement, left ankle and foot plantar fasciitis; and right knee status post total knee replacement. There is noted recommendation for a one-year gym membership. An orthopedic follow up dated August 06, 2015 reported subjective complaint of: needing refills and no "change in symptoms, pain and cramping." Medications noted: Norco, Voltaren gel, Prilosec and Colace. There is subjective complaint of: "bilateral knee pains, cramps over shin radiating to the groin." Current medications listed: Norco, Prilosec, Colace, and Voltaren gel. On August 25, 2015, a request for Norco noted with modification by Utilization Review on September 01, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 with 1 refill per 08/06/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: In this case, the claimant was injured in 2004, now 11 years ago. We know the Norco was prescribed as of late 2014, and as of August 2015, there was no change or benefit was documented. There is no objective, functional improvement noted out of the long-term usage. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.