MAXIMUS Federal Services

Case Number:	CM15-0196537		
Date Assigned:	10/12/2015	Date of Injury:	03/18/2002
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
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 61 year old female with an industrial injury dated 03-18-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative joint disease and knee cartilage tear. Medical records indicate that the injured worker is status post BAK cage replacement at L4-5 with ongoing back radicular symptoms and status post right knee arthroscopy with ongoing knee pain. According to the progress note dated 08-31-2015, the injured worker reported severe back pain, muscle spasms and pain radiating into her left more than right. The injured worker also reported ongoing knee pain and instability. The injured worker reported that she couldn't function without pain medications. The injured worker reported 55% reduction of pain and functional improvement with the medications versus not taking them at all. Pain level score was not documented in report (08-31-2015). Objective findings (08-31-2015) revealed swollen right knee, positive McMurray's sign, excessive laxity with anterior drawer sign and valgus maneuver and crepitus on passive range of motion. Physical exam also revealed limited lower back range of motion, muscle spasms in the lumbar trunk, antalgic gait, right thigh weakness, absent Achilles reflex, sensory loss to the right lateral calf and bottom of her foot and limp ambulation. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treatment plan included medication management. The treating physician reported that the urine drug screen was appropriate. Medical records indicate that the injured worker has been on Norco since at least 2012.The-treating physician prescribed services for Norco 10-325mg #120. The utilization review dated 09-15-2015, modified the request for Norco 10-325mg #22 (original: #120).

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, 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, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 2 years. The claimant was also recently on NSAIDS as well as anti-epileptics. There was no mention of Tylenol or weaning failure. Pain reduction due to Norco alone is unknown. The continued and chronic use of Norco is not medically necessary.