

Case Number:	CM15-0201158		
Date Assigned:	10/16/2015	Date of Injury:	09/27/2012
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on 9-27-12. The documentation on 6-24-15 noted that the injured worker has complaints of low back pain associated with numbness, tingling, swelling and locking of the knee both and both ankles are stiff and weakness both legs. The injured worker rates his pain 8 on a scale of 0 to 10. The injured worker has difficulty sleeping due to pain, anxiety and spasms. There is crepitus noted of passive range of motion with both knees and tenderness to palpation in the posterior tibial tendon bilaterally and medial joint line. Trigger points palpated in the gluteus maximus, gluteus medius, quadratus lumborum and trochanteric region bilaterally. Left ankle magnetic resonance imaging (MRI) on 1-30-15 revealed no evidence of significant tendinosis or tenosynovitis; nonspecific subcutaneous soft tissue edema superficial to the posterior tibial tendon and medial navicular; accessory of trigonum and no evidence of significant stress reaction. The diagnoses have included sciatica; tenosynovitis of foot and ankle; abnormality of gait and pes anserinus bursitis. Treatment to date has included Norco (since at least 2-3-15); Lyrica and Carisoprodol. The original utilization review (9-28-15) non-certified the request for Norco 10-325mg #120 (8-24-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (8.24.15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 6/17/15. In addition, the guidelines do not recommend concurrent use of Norco with Carisoprodol due to adverse effects. The request does not meet the criteria set forth in the guidelines and is therefore not medically necessary.