

Case Number:	CM15-0206570		
Date Assigned:	10/23/2015	Date of Injury:	03/08/2001
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: Pennsylvania

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 68 year old male who sustained an industrial injury on 3-8-01. A review of the medical records indicates that the worker is undergoing treatment for bilateral knee pain, status post bilateral knee replacement surgeries, left ankle pain due to impingement, right foot pain due to metatarsal cuboid arthritis, and chronic pain syndrome. Subjective complaints (9-23-15) include constant pain in both knees, left ankle and right foot rated at 8 out of 10 without medication and 3 out of 10 with medication. (Pain 7-1-15 was rated 8 out of 10 without medications and at 4 out of 10 with medications) It is noted, the worker reports the current medications are managing his symptoms well and he denies any adverse effects. Pain is noted as increased with weight-bearing and decreased with medications and rest. Objective findings (9-23-15) include pain with palpation of the bilateral knees, right foot and left ankle. A urine drug screen (5-18-15) reports inconsistent results. Previous treatment includes Norco (since at least 7-1-15), Diclofenac ER, Cyclobenzaprine, and Pantoprazole. The treatment plan includes Norco 10-325mg 1 four times a day as needed for pain, Tizanidine 4mg 1 three times a day as needed, and continue Ketoprofen and Pantoprazole as needed. The requested treatment of Norco 10-325mg #120 was modified to #90 on 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

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

Decision rationale: This worker is prescribed Norco, ketoprofen, cyclobenzaprine, and pantoprazole. A urine drug screen on 5/13/2015, in addition to the prescribed opioid, showed oxazepam and temazepam which was inconsistent with the treatment regimen. Progress notes 5/13/15 though 9/23/15 state "He takes his medications only as prescribed and they are managing his pain so that he is able to function and perform his activities of daily living." A numerical rating of his pain with and without medications in general was provided but not specific to Norco. No description of function with and without or before and after Norco was provided. According to the MTUS, the ongoing management of opioids should include documentation of the misuse of medications. This worker's urine drug screen included the controlled substances of 2 benzodiazepines which the record does not indicate he is prescribed. The record does not include any discussion of this finding. The MTUS also states that "the determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of function, appropriate medication use, and side effects." The record in this case does not include any measures of function to substantiate benefit from the opioid. Given this lack of measured improvement in function and evidence of aberrant drug behavior, the continued prescription of Norco is not medically necessary or appropriate.