

Case Number:	CM15-0209848		
Date Assigned:	10/28/2015	Date of Injury:	03/23/2012
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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

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 70 year old female who sustained an industrial injury on 3-23-12. The medical records indicate that the injured worker was being treated for myalgia and myositis, unspecified; lumbosacral joint sprain. She currently (9-10-15) complains of left knee pain and it was noted that the patella is retracted and moved laterally (the documentation indicates that she should be followed by a surgeon to be sure that "we are on the right track before providing physical therapy"); back pain radiating down her right leg and thigh. Her pain level was 8 out of 10. She reports analgesia, increased activities of daily living with medication. There was no adverse effects, no evidence of aberrant behavior with medications. Diagnostics include MRI of the left knee (6-12-15) showing myxoid degeneration in the medial and lateral menisci without tear, chondromalacia. Treatments to date include Norco, prior medication: tramadol, naproxen. In the 9-10-15 progress note the treating provider's plan of care included a request for Norco and to discontinue tramadol and naproxen. On 9-25-15 Utilization Review non-certified the requests for Norco 5-325mg #60, modified to #30; orthopedic consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco- Hydrocodone/Acetaminophen, 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker had recently been prescribed Norco for an extended period of time without continued objective evidence of functional improvement and pain control. At some point, it appears that Norco was suspended and Tramadol and NSAIDs started. Now, it appears that those medications are being suspended and Norco requested again. There is no rationale for these changes in the available documentation. The request for Norco- Hydrocodone/ Acetaminophen, 5/325mg, #60 is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, chapter 7, Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is no evidence in the available documentation that an orthopedic referral is warranted. The injured worker was seen by an orthopedic surgeon in 2013 who stated that surgery was not recommended. There has been no re-injury or new injury since that referral. The request for orthopedic consultation is not medically necessary.