

Case Number:	CM15-0020625		
Date Assigned:	02/10/2015	Date of Injury:	04/08/2002
Decision Date:	03/25/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
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 47 year old male, who sustained an industrial injury on 04/08/2002. He has reported right leg pain. The diagnoses have included status post right leg mid shaft femoral fracture with chronic pain extending to right hip; status post right hip arthroscopic surgery; status post placement of intramedullary rod right femur; status post arthroscopic lateral meniscectomy right knee and removal of screws from right distal femur; and chronic lumbosacral/thoracic/cervical myofascial pain. Treatments have included medications and surgical intervention. Medications have included Norco. Currently, the injured worker complains of continued right leg pain; right hip pain; and right knee pain. A progress note from the treating physician, dated 12/16/2014, reported objective findings to include tenderness to the right knee, right lower leg, and right upper leg; decreased range of motion; and right paralumbar tenderness from L2 to L5-S1 with right trochanteric tenderness. The treatment plan included prescription for Norco 5/325 mg, #120. On 01/17/2015 Utilization Review modified 1 prescription of Norco 5/325 mg #120, to 1 prescription of Norco 5/325 mg #96. The CA MTUS and the ODG were cited. On 02/02/2015, the injured worker submitted an application for review of 1 prescription of Norco 5/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for several year without objective documentation of the improvement in functional capacity. There is no documentation of what his pain was like previously and how much Norco decreased his pain. The patient was previously on Vicodin. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.