

Case Number:	CM15-0021182		
Date Assigned:	02/11/2015	Date of Injury:	01/30/2007
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old male with a reported date of injury 01/30/2007; the mechanism of injury was not provided for review. The injured worker has been treated for bilateral knee pain with severe chondromalacia patella and chronic tendinopathies in the knees, bilateral foot pain, neuropathic burning pain in the lower extremities and feet, chronic insomnia and reactive depression due to industrial onset of injuries. The injured worker's treatments have included bilateral knee braces, bilateral ankle socks, cortisone injection, orthotics, and activity restriction. It was also noted the injured worker had undergone bilateral tarsal tunnel syndrome release. The clinical note dated 12/24/2014 noted the injured worker reported bilateral knee and ankle pain. The injured worker rated his pain at best a 4/10 with medication and 10/10 without medication. On physical examination of the bilateral knees, it was noted that flexion, extension and patellar compression remained very painful. The injured worker demonstrated full active range of motion. Examination of both ankles revealed exquisite tenderness over the plantar fascia. Passive range of motion of the ankles was very painful. Additionally, it was noted that there were ongoing signs of allodynia to light touch and summation to pinprick in the lower extremities. At that time, it was noted that the injured worker's medication regimen includes Nucynta, Norco, clonidine, Ambien, Nuvigil, Pristiq and Latuda; which were noted to be refilled at the time of the examination. Under the treatment plan it was noted the injured worker was to resume the current medication regimen as it keeps him functional. It was also noted that the injured worker is currently under a narcotic contract and the urine drug screens have been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, criteria for use Page(s): 75, 78-80.

Decision rationale: According to California MTUS Guidelines, short acting opioid medications, such as Norco may be recommended for controlling chronic pain and are often used for intermittent or breakthrough pain. The guidelines also state that patients receiving ongoing management with opioid medications require ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects to include an adequate pain assessment that should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid medication, how long it takes for pain relief to occur and how long pain relief lasts. Additionally, the guidelines state that continuation of opioids is dependent on the patient's return to work and patient displaying improved function and pain. The requested medication cannot be supported at this time as the treatment guidelines do not recommend continuation of opioid medications unless the patient had returned to work or experienced significant improvement in function and pain. Although it was noted that the injured worker's pain is reduced with medications, there is no indication that the injured worker's function has increased or that the medication has allowed the injured worker to return to work. In addition, it was documented that the injured worker was currently prescribed Norco and Nucynta; it is not recommended that these 2 medications be prescribed together due to increased risk of serotonin syndrome. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.