MAXIMUS Federal Services

Case Number:	CM15-0021739		
Date Assigned:	02/11/2015	Date of Injury:	01/05/2009
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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 York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 36 year old male, who sustained an industrial injury on January 5, 2009. He has reported an injury to his knee when he fell off a ladder. The diagnoses have included status post right knee arthroscopic surgery and right knee pain secondary to internal derangement. Treatment to date has included physical therapy, right knee arthroscopic surgery and medication. Currently, the injured worker complains of right knee pain and reports that with medications he rates his pain a 2-3 on a 10 point scale and an 8 without medications. With his medications he is able to do light household tasks and notes that he must pace himself with activities of daily living. The evaluating physician notes that the injured worker has no aberrant behavior and his last urine drug screen was negative for illicit substances and it was negative for opiates. On examination, the injured worker ambulates in a grossly symmetric fashion. He has tenderness on the anterior aspect of the left leg. On January 27, 2015 Utilization Review modified a request for Norco 10/325 mg #30 for weaning to off or intermittent use only for severe pain flares over the next two months, noting that while the documentation reflects that the medication is providing significant pain relief, long-term use of opioids for musculoskeletal pain is not supported. The injured worker notes minimal improvement, has not returned to work and it is not clear if he is utilizing the Norco in that his last urine drug screen was negative for its use. The California Medical Treatment Utilization Schedule Official Disability Guidelines ACOEM was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg #20 for weaning to off or intermittent use only for severe pain flares over the next two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Guidelines states that long term use of opioids for musculoskeletal pain is not supported due to the high likelihood of psychological addiction and the fact that long term efficacy has not been established. In this case, the patient has shown minimal functional improvement and has been unable to return to work. Furthermore, since his last urine drug screen was negative, it is unclear if he is taking Norco at all. Opioids have been shown to be no more effective than safer analgesics for managing musculoskeletal pain. Norco 10/325 mg #30 is not medically appropriate and necessary.