

Case Number:	CM15-0223854		
Date Assigned:	11/20/2015	Date of Injury:	02/05/2013
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 47 year old female, who sustained an industrial injury on 2-5-2013. A review of the medical records indicates that the injured worker is undergoing treatment for left elbow lateral epicondylitis, cervical spine sprain-strain, lumbar spine radiculopathy and right shoulder status post-surgery. On 9-21-2015, the injured worker reported right knee pain with post-operative pain rated 6 out of 10, low back pain rated 8 out of 10, neck pain rated 8 out of 10, and bilateral shoulder pain rated 7-8 out of 10. The Primary Treating Physician's report dated 9-21-2015, noted the injured worker had just undergone right knee surgery. The injured worker's current medications were noted to include Hydrocodone, Glipizide, Naprosyn, and Metformin. The physical examination was noted to show the right thigh, knee, and leg with a contact rash and decreased range of motion (ROM) of the right knee. Prior treatments have included physical therapy, chiropractic treatments, right knee surgery m right shoulder surgery, left knee surgery, left shoulder surgery, and a Functional Capacity Evaluation (FCE). The treatment plan was noted to include continued use of a cane, continued Norco, Naprosyn, and Prilosec with urine toxicology and follow up with pain management. The request for authorization was noted to have requested Hydrocodone-Acetaminophen 10 #90 and Norco 10-325mg 1 tab by mouth every 6 hours, #90. The Utilization Review (UR) dated 10-26-2015, non-certified the requests for Hydrocodone-Acetaminophen 10 #90 and Norco 10-325mg 1 tab by mouth every 6 hours, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Hydrocodone-Acetaminophen 10 #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right knee pain with post-operative pain rated 6 out of 10, low back pain rated 8 out of 10, neck pain rated 8 out of 10, and bilateral shoulder pain rated 7-8 out of 10. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone Acetaminophen 10 #90 is not medically necessary.

Norco 10/325mg 1 tab by mouth every 6 hours, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Norco 10/325mg 1 tab by mouth every 6 hours, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right knee pain with post-operative pain rated 6 out of 10, low back pain rated 8 out of 10, neck pain rated 8 out of 10, and bilateral shoulder pain rated 7-8 out of 10. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg 1 tab by mouth every 6 hours, #90 is not medically necessary.