

Case Number:	CM15-0033293		
Date Assigned:	02/26/2015	Date of Injury:	11/01/2002
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on November 1, 2002. The diagnoses have included fracture of the femur, chronic ankle fusion, and chronic pain. Treatment to date has included knee and ankle surgeries, medications, and diagnostic studies. Currently, the injured worker complains of moderate-severe left knee and left ankle pain which he describes as worsening and constant. The pain is aching, burning, piercing, sharp, deep and discomforting. The pain is aggravated with activity and relieved with massage, pain medication, rest and lying down. The documentation reveals that the injured worker is considered a moderate risk for aberrant behavior with an Opiate Risk Tool score of 4. On February 12, 2015, Utilization Review non-certified a request for Norco tablet 10/325 mg, noting that there is no documentation of clinical efficacy with prior use as demonstrated by either a return to work or significantly improved tolerance to specified activities that is measured and compared with and without Norco, there is an absence of aberrance with copies of confirmatory laboratory UDS testing performed on the 1/21/15 test sample and no documentation of any recent attempts at weaning. The California Medical Treatment Utilization Schedule was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Norco tablet 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 76-78, 90. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are fracture of lower end of femur, closed, chronic; ankle fusion, chronic; muscle spasms chronic; chronic pain due to trauma; heartburn; COAT; insomnia. Subjectively, the injured worker complains of musculoskeletal pain is moderate to severe and occurs constantly and is worsening. Objectively, the physical examination is unremarkable. The injured worker's medication list includes morphine sulfate, Opana, and Norco. Utilization review report dated August 1, 2014 indicated Norco 10/325 mg #90 was modified for weaning and discontinuation over the subsequent three months. In a January 21, 2015 progress note the injured worker is still taking Norco TID (#90 per month) in addition to morphine sulfate and Opana. There is no clinical rationale for three opiates taken concurrently. There was no attempt at weaning Norco from the patient's list of opiates. Additionally, subjectively, the opiates do not appear to be controlling the injured worker's pain discomfort and physical examination is unremarkable. Consequently, absent compelling clinical documentation without subjective improvement with no attempt at weaning or reducing the dosage and frequency of Norco (and other opiates), Norco 10/325 mg #120 is not medically necessary.