

Case Number:	CM15-0035243		
Date Assigned:	03/03/2015	Date of Injury:	09/29/2005
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 61-year-old female, who sustained an industrial injury on 9/29/2005, after a slip and fall, resulting in a right trimalleolar fracture and right knee contusion. The diagnoses have included pain in joint, lower leg. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of persistent back pain and right knee pain, rated 5-6/10 with medication use and 9-10/10 without. Her medications included Norco 10/325mg (four per day). Physical exam noted normal muscle tone without atrophy in the extremities and motor 4/5 in the right ankle flexion. Spasm and guarding was noted in the lumbar spine. Tenderness to palpation was noted to the dorsolateral aspect of the ankle, posterior aspect of the medial malleolus, and right knee. Positive patella grind and drop sign were noted in the right knee. The PR2 report, dated 7/02/2014, noted weaning of Norco to 4 per day. On 1/28/2015, Utilization Review non-certified a request for Norco 10/325mg #180, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documented evidence to suggest this entire review was completed near the time of this request for renewal of Norco. In particular, there was a lack of a report to show measurable functional gains and pain reduction directly related to regular Norco use, which is required in order to justify continuation. Therefore, the Norco will be considered medically unnecessary. Weaning may be indicated.