

Case Number:	CM15-0038587		
Date Assigned:	03/09/2015	Date of Injury:	06/01/2007
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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 53 year old female, who sustained an industrial injury on June 1, 2007. The diagnoses have included chondromalacia, discogenic low back pain, myofascial pain syndrome, synovial cyst of popliteal space, post-traumatic osteoarthritis, and chondromalacia of the patella. Treatment to date has included trigger point injection, bracing, home exercise program (HEP), activity modification, and medication. Currently, the injured worker complains of low back pain. The Treating Physician's dated December 18, 2014, noted tenderness in the right and left flank and low back. Range of motion (ROM) testing was noted to be limited due to guarding and pain. The right knee was noted to have swelling, effusion, and crepitus. On February 6, 2015, Utilization Review non-certified Norco 10/325 #120 one tablet every 4-6 hours for pain, noting that the medical necessity had not been established, therefore the request was modified to Norco 10/325 #90 for the purpose of weaning. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On March 2, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 #120 one tablet every 4-6 hours for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120 one tablet every 4-6 hours for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

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, 1 tablet PO every 4 to 6 hours as needed 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 discogenic low back pain; chondromalacia patella; and myofascial pain syndrome. The earliest progress note in the medical record is dated August 15, 2014. The injured worker stated she is taking less medication. There are no medications listed in the progress note. In September 2014, in a progress note dated September 25, 2014, the injured worker was taking Vicodin 7.5/300 mg. In November 6, 2014 progress note, the treating physician refilled Norco. The most recent progress note is dated December 18, 2014. Subjectively, the injured worker stated she was doing well with Norco. The treating physician requested a refill for Norco 10/325 #360. The documentation did not contain a risk assessment. The documentation did not contain ongoing detailed pain assessments. There was no evidence of objective functional improvement associated with ongoing Norco use. Consequently, absent clinical documentation with objective functional improvement, absent ongoing pain assessments and risk assessments, Norco 10/325.mg #120, 1 tablet PO every 4 to 6 hours as needed is not medically necessary.