

Case Number:	CM15-0041586		
Date Assigned:	03/11/2015	Date of Injury:	08/21/2012
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
 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 (IW) is a 64-year-old female who sustained an industrial injury on 08/21/2012. Diagnoses include chronic cervical myofascial pain, chronic lumbosacral pain, chronic right shoulder pain, chronic right leg radicular symptoms, chronic right upper extremity radicular symptoms in a C5 distribution, chronic right knee sprain, status post right foot pain with recurrent right ankle pain, chronic right deQuervain's tenosynovitis, chronic right hand pain at the base of the first metacarpal, symptoms of bilateral carpal tunnel syndrome, bilateral lower extremity radicular findings per EMG/NCS and chronic right sternoclavicular joint dislocation. Treatment to date has included medications, physical therapy, cortisone injections in the subacromial space, the carpometacarpal joint (CMC joint), right shoulder and right thumb. X-rays, EMG/NCS and MRIs have been performed. According to the progress notes dated 11/11/14, the IW reported neck and lower back pain, right shoulder, right thumb and right wrist pain. Right shoulder and right thumb injections on 10/28/14 did not provide pain relief. The Qualified Medical Examination dated 8/19/14 recommends a right knee x-ray and continued medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids; Weaning of Medications; Opioids, specific drug list Page(s): 78-80; 124; 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months without documentation of significant improvement in pain or function. The continued use of Norco is not medically necessary.

X-Ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to the ACOEM guidelines, an x-ray is recommended for suspected red flags such as tumor, infection, trauma, etc. Routine x-rays are not recommended for most knee complaints. In this case, there were no red flags. There injury was chronic. The request for an x-ray of the right knee is not medically necessary.