MAXIMUS Federal Services

Case Number:	CM15-0047577		
Date Assigned:	03/19/2015	Date of Injury:	02/26/2011
Decision Date:	04/24/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/12/2015

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 33 year old female, who sustained an industrial injury on 2/26/2011. Diagnoses include low back pain, spasm of muscle and knee pain. Treatment to date has included diagnostics, medications and work modifications. Per the Orthopedic Progress Report dated 9/04/2014, the injured worker reported new injury to her right knee. Physical examination revealed full flexion and extension of her knee with tenderness noted medially. There is no significant swelling noted and no evidence of instability. She remains neurovascularly intact. The plan of care included pain management and a functional capacity evaluation. Authorization was requested for Norco 10/325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #45: Upheld

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

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 #45 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are sprain/strain of unspecified site knee and leg. The medical record contains 10 pages. The contents include a letter from the treating orthopedist. There were no treatment notes for progress notes in the medical record. There were no medications listed in the medical record. The utilization review indicates two progress notes were reviewed, one dated January 2015 and the second dated February 2015. These notes were not present in the medical records for review. Consequently, absent clinical documentation (nine page medical record) with no progress note follow-up, current medications, duration of medications, evidence of objective functional improvement, Norco 10/325 mg #45 is not medically necessary.