

Case Number:	CM15-0058337		
Date Assigned:	04/03/2015	Date of Injury:	05/31/2012
Decision Date:	05/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/27/2015

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 (IW) is a 49-year-old male who sustained an industrial injury on 05/31/2012. He reported pain in the right knee and back. The injured worker was diagnosed as having right knee probable lateral meniscus tear and medial meniscus tear with osteoarthritis of the lateral compartment, lumbar sprain and strain and herniated nucleus pulposus at L4-5 and L5-S1 of 3mm with bilateral radiculopathy, morbid obesity, anxiety, insomnia, and chronic anemia, rule out gastrointestinal source. Treatment to date has included a right knee subtotal medial meniscectomy and lateral meniscectomy and epidural injections for the lumbar spine. Currently, the injured worker complains of pain in the right knee and lower back. Norco is ordered for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, per 3/10/15 order quantity: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

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 # 60 per March 10, 2015 order 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. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right knee probable lateral meniscus tear and medial meniscus tear with osteoarthritis of lateral compartment (right knee arthroscopy with meniscus surgery on September 5, 2014); lumbar sprain/strain and herniated disc at L4 & L5 and L5 & S1 with bilateral radiculopathy; morbid obesity; anxiety, insomnia; status post arthroscopic total lateral meniscectomy and partial medial meniscectomy. The injured worker had 22 sessions of physical therapy to the affected knee. The treating physician documentation ranges from June 26, 2012 through January 27, 2015. There is no documentation on or about the date of request authorization March 10, 2015. The worker was using tramadol in 2012. From March 2014 through August 2014, the injured worker was prescribed Tylenol #4. From October 2014 through the present, the injured worker has been using Norco 10/325 mg. As noted above, there are no contemporaneous notes on or about March 10, 2015 by the requesting provider. There is no documentation containing objective functional improvement to support the ongoing use of Norco. Consequently, absent clinical documentation on or about March 10, 2015, Norco 10/325 mg # 60 per March 10, 2015 order is not medically necessary.