

Case Number:	CM15-0058813		
Date Assigned:	04/03/2015	Date of Injury:	10/11/2012
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
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: 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 is a 53-year-old male, who sustained an industrial injury on 10/11/2012. He reported injuries from falling from a tractor. The injured worker was diagnosed as status post left ankle reduction and fixation (2013), status post left knee arthroscopy (2014) and degenerative changes of the lumbar spine. Treatment to date has included surgery, physical therapy and medications. In a progress note dated 2/23/2015, the injured worker complains of chronic low back pain, left knee and left ankle pain. He rated the pain 7-8/10 with 1 being the least pain and 10 being the most pain. Objective evaluation showed tenderness to palpation on the left knee and right low back. The treating physician is requesting Norco and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #60: 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): 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 2 years with continued high pain scores. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.

CHEM 8, CBC, CPK, CRP, HEPATIC FUNCTION PANEL, ARTHRITIS PANEL:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and opioids Page(s): 67, 82-92.

Decision rationale: For those with high risk of liver and renal disease and on NSAIDS or opioids, monitoring of liver function and renal panels is appropriate. In this case, a CBC, CPK and arthritis panel was ordered without justification. In addition, there was no mention of liver or renal disease or prior abnormal labs or symptoms that warrant all the labs in question. As a result, the request for the labs above is not medically necessary.