

Case Number:	CM15-0080886		
Date Assigned:	05/01/2015	Date of Injury:	04/23/2008
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/27/2015

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
 Certification(s)/Specialty: Emergency 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 64 year old female, who sustained an industrial injury on 04/23/2008. According to a progress report dated 03/05/2015, the injured worker was seen for ongoing bilateral knee pain. Pain was rated 6 on a scale of 1-10. Her average pain level over the past month had been 6, getting as high as 10 and going down to 5 with medications. She continued to do well on the current medication regimen. Norco took effect within 20 minutes and provided relief for 2 hours. Urine drug screen on 01/08/2015 was consistent with medications. With medications, she was able to perform a home exercise program, which included stretching and strengthening exercise for 30 minutes a day. She walked with a walker. Current medications included Norco, Amitriptyline, Zoloft, Wellbutrin and Xanax. Her Norco dosage was 10/325mg 7 a day. There were no significant objective findings. Diagnoses included chronic bilateral knee pain arthritic, chronic low back pain and depression secondary to injuries. Treatment plan included Norco, Zoloft, Wellbutrin and Xanax. Her orthopedic surgeon wanted to perform right knee replacement surgery, only after she loses weight. Work status included sedentary work only. Currently under review is the request for Norco. Documentation submitted for review dates back to July 2014 and shows that the injured worker was utilizing Norco at that time at the same dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg #210 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing bilateral knee pain. Pain was rated 6 on a scale of 1-10. Her average pain level over the past month had been 6, getting as high as 10 and going down to 5 with medications. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg #210 is not medically necessary.