

Case Number:	CM15-0099336		
Date Assigned:	06/01/2015	Date of Injury:	01/19/2006
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 57 year old male with an industrial injury dated 1/19/2006. The injured worker's diagnoses include bilateral knee sprain/strain, status post internal fixation device of the bilateral knee, post-operative chronic pain, lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculitis, unspecified and history of status post left ankle repair of tear. Treatment consisted of diagnostic studies, prescribed medications, heat therapy, home exercise therapy and periodic follow up visits. In a progress note dated 3/10/2015, the injured worker reported bilateral knee pain and low back pain. The injured worker rated pain an 8/10. Objective findings revealed tenderness to palpitation of lumbar and ambulation with cane. The treating physician prescribed retrospective request for Norco 10/325mg quantity 90, date of service 4/9/15, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 4/9/15 Norco 10/325mg quantity 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the lower back and bilateral knees. The request is for Retro DOS 4/9/15 Norco 10/325 MG QTY: 90. Patient is status post left knee surgery 05/2013 and right knee surgeries, with the latest on 10/2012. Physical examination to the lumbar spine on 02/12/15 revealed tenderness to palpation over the paraspinals. Per 12/18/14 progress report, patient's diagnosis include bilateral knee sprain/strain, status post internal fixation device - left knee 05/2013, post-operative chronic pain, lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculitis, unspec, and HX s/p Lt ankle repair tear. Patient's medications, per 01/14/15 progress report include Norco and Naproxen. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief."Treater does not discuss this request. Patient was prescribed Norco from 12/18/14 and 02/12/15. In this case, treater has not discussed how Norco decreases pain and significantly improves patient's activities of daily living. There are no discussions with specific adverse effects, ADL's, etc. No UDS, CCURES, or opioid pain contracts either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.