

Case Number:	CM15-0243335		
Date Assigned:	12/22/2015	Date of Injury:	05/04/2013
Decision Date:	01/25/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/14/2015

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 37 year old male who sustained an industrial-work injury on 5-4-13. The injured worker was diagnosed as having chronic left knee-lumbar pain, long term use of narcotics, depression, and anxiety. Treatment to date has included medication: Norco, Flexeril; surgery (fusion of lumbar spine at L5-S1 on 6-23-15; left knee bone graft 11-2013), and diagnostics. MRI results were reported on 6-7-13 of the left knee to report proximal tibial bone infarct, chondral fissure on the medial aspect of the femoral condyle. Currently, the injured worker complains of chronic pain that is described as aching and stabbing in the left knee and low back that is rated a 10-10 without medication and 5 out of 10 with medication. A flare up sent him to the emergency department with Tramadol given and now pain is returning to baseline. Per the primary physician's progress report (PR-2) on 11-6-15, lumbar exam noted moderate tenderness to light palpation over the lumbar paraspinals, limited active range of motion at all fields due to pain, sciatic notches are pain free. The left knee has tenderness to palpation at medial and lateral joint line, positive crepitus, no laxity, and full active range of motion but with pain, lower extremity strength is 5- out of 5, sensation is intact. Gait was antalgic with use of a cane. There were no signs of over sedation or aberrant behavior. Current plan of care includes continue with medication with increase in Gabapentin and refer for knee surgery. The Request for Authorization requested service to include Norco 10/325mg #120. The Utilization Review on 11-17-15 denied the request for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, opioids/medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #120, 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 chronic pain that is described as aching and stabbing in the left knee and low back that is rated a 10-10 without medication and 5 out of 10 with medication. A flare up sent him to the emergency department with Tramadol given and now pain is returning to baseline. Per the primary physician's progress report (PR-2) on 11-6-15, lumbar exam noted moderate tenderness to light palpation over the lumbar paraspinals, limited active range of motion at all fields due to pain, sciatic notches are pain free. The left knee has tenderness to palpation at medial and lateral joint line, positive crepitus, no laxity, and full active range of motion but with pain, lower extremity strength is 5-out of 5, sensation is intact. Gait was antalgic with use of a cane. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, 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 10/325mg #120 is not medically necessary.