

Case Number:	CM14-0112250		
Date Assigned:	08/01/2014	Date of Injury:	05/18/2011
Decision Date:	07/22/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/17/2014

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, Texas
 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 55 year old male who sustained an industrial injury on 05/18/2011. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having degenerative arthritis of the lumbar spine, morbid obesity, left knee degenerative arthritis, bucket handle tear of the left knee, and possible anterior cruciate ligament tear. Treatment to date has included medication, braces, crutches, and weight loss. Currently, the injured worker complains of pain across the lower back, and left knee pain. He complains that he has to constantly change position due to the pain and leg numbness. Examination of the lumbar spine reveals spasm. Straight leg raise is positive at 60 degrees bilaterally. Decreased sensation is noted at L5 distribution on the left and pain is noted at L5 on the left Range of motion is painful and limited. Exam of the bilateral knees reveal positive McMurray and positive anterior drawer on the left. There is tenderness to palpation on the joint line and patellofemoral crepitation is positive. The treatment plan is for continuation of Norco, continuation of knee brace and his current medications. A request for authorization is made for Norco 10/325mg QTY 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't show that the patient has had meaningful improvement in function while taking this medication. Therefore, the request is not medically necessary.