

Case Number:	CM15-0004271		
Date Assigned:	01/15/2015	Date of Injury:	01/21/2005
Decision Date:	03/10/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 46 year old female, who sustained a work related injury on 1/21/05. The diagnoses have included chondromalacia bilateral patella, bilateral knee arthritis, biceps tendinitis right shoulder, Achilles tendinosis left foot and bilateral knee pain. Treatment to date has included right shoulder surgery, left knee surgery, psychiatric/psychological treatment, oral medications, knee injection, self directed aqua therapy, MRI bilateral knees, physical therapy, x-rays, ice, rest and use of a cane. In the PR-2 dated 11/24/14, the injured worker thinks she is doing "okay" on a taper of her narcotic pain medication. In the PR-2 dated 10/27/14, she continues to complain of left knee and leg pain. She states the pain is worse in the winter time. The Norco pain medication was going to be reduced and tapered. In the PR-2 dated 12/24/14, she complains of chronic bilateral knee pain. She complains of chronic right shoulder and left ankle pain. She states she feels like her left knee is "giving out." There is limited range of motion in right shoulder, right and left knee and left ankle. On 1/1/15, Utilization Review Modified a prescription request for Norco 10/325mg. #90 to Norco 10/325mg. #68, noting the injured worker has been on taper schedule of the Norco and she is doing well. There is no documentation of functional improvement on the Norco pain medication. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen; and When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. The previous reviewer modified the request for weaning. As such, the request for 1 Prescription of Norco 10/325mg #90 is not medically necessary.