

Case Number:	CM15-0009959		
Date Assigned:	01/27/2015	Date of Injury:	07/19/2011
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 30 year old male who sustained an industrial injury on 7/19/11. The injured worker reported symptoms in the back and knee. The diagnoses included Lumbar spine: sprain, right and left sciatica and right knee: internal derangement. Treatments to date have included oral pain medication, durable medical equipment (cane), right knee arthroscopic surgery on 11/21/11, and right knee arthroscopy with cartilage chondroplasty on 2/25/13. Provider documentation dated 12/15/14 noted the injured worker presents stating "His radicular symptoms have increased, particularly at the S1 distribution to the feet", the treating physician is requesting Norco 10/325mg 1 tab by mouth every 4 to 6 hours as needed for pain. On 1/6/15, Utilization Review non-certified a request for Norco 10/325mg 1 tab by mouth every 4 to 6 hours as needed for pain, quantity of 180 modified to Norco 10/325mg 1 tab by mouth every 4 to 6 hours as needed for pain, quantity of 90. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab by mouth every 4-6 hours as needed for pain, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Although in this case with this worker, at least a report of no side effects from the medications, including Norco, was included in the documentation, there was otherwise no significant evidence to suggest this full review was completed at the time of this renewal request. In particular there was no documentation showing measurable and direct functional benefit from the chronic use of Norco to help justify its continual use. Therefore, the Norco will be considered medically unnecessary to continue. Weaning may be needed.