

Case Number:	CM15-0100131		
Date Assigned:	06/02/2015	Date of Injury:	09/17/2011
Decision Date:	09/03/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 9-17-11. The diagnoses have included status post left knee surgery, left shoulder impingement syndrome and fracture internal derangement of the knee and cervical radiculitis. Treatment to date has included medications, activity modifications, diagnostics, orthopedic consult, psychiatric, physical therapy and other modalities. Currently, as per the physician progress note dated 4-6-15, the injured worker complains of left knee, left shoulder and psychiatric complaints. The pain is rated 7-8 out of 10 on the pain scale. The injured worker reports that the pain medication reduces the pain by about 50 percent. The objective findings reveal that he walks with a limp favoring the left leg, there is a positive patella compression test with limited and painful range of motion. There was also pain in the left shoulder and positive impingement and left knee pain. The current medications included Norco, Cymbalta and Lorazepam. There is no previous urine drug screen report noted in the records. The physician requested treatment included 120 tablets of Norco 10-325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: 120 tablets of Norco 10/325 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The MTUS supports clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal objective urine toxicology screens for review. The documentation reveals that the patient has been on long term opioids without significant objective functional improvement therefore the request for Norco is not medically necessary.