

Case Number:	CM15-0015958		
Date Assigned:	02/04/2015	Date of Injury:	06/25/2012
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/22/2015

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: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on June 25, 2012. The mechanism of injury is unknown. The diagnoses have included psychophysiologic disorder, depressive disorder, encephalopathy, localized primary osteoarthritis, osteoarthritis right knee, degeneration of cervical intervertebral disc, fibromyositis and chronic pain syndrome. Treatment to date has included right knee joint aspiration and epidural steroid injection, medications, psychotherapy sessions, cane, knee brace and diagnostic studies. Currently, the injured worker complains of neck, bilateral shoulder, low back and bilateral knee pain. He reported an increased burning around the entire knee area with swelling and popping. He noted a 40% relief in pain from a right knee joint aspiration and epidural steroid injection performed on September 23, 2014, but he is now returning to baseline levels. He is continuing to take medications to manage his pain. Medications bring his pain level down from an 8 to a 4 on a 1-10 pain scale. On December 22, 2014 Utilization Review non-certified Norco 10/325mg #150, noting the CA MTUS Guidelines. On January 22, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco 10/325mg #150.

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 q 4-6hrs prn for pain #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and bilateral knees. The request is for NORCO 10/325MG #150. The patient is currently taking Norco, Voltaren gel, Lidoderm patch and Cyclobenzaprine. The patient has been utilizing Norco since at least 12/13/13. The patient is currently not working. Per 12/15/14 progress report, These medications allow the patient to tolerate his pain in order to increase his functional activities such as ambulating, dressing, bathing, doing stretching, or making his basis. Medications bring his pain level down from an 8/10 to a 4/10 on the visual analog scale but short lived. MTUS Guidelines pages 88 and 89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's -analgesia, ADL's, adverse side effects, and adverse behavior--, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, the treater documents analgesia with pain going from 8/10 to 4/10. For ADL's, increase his functional activities such as ambulating, dressing, bathing, doing stretching, or making his basis. However, adverse effect and aberrant behavior are not discussed. Urine drug screen is not mentioned. The patient's ADL's/functional improvements are inadequately addressed. No specifics are provided other than ambulating, dressing, bathing, doing stretching, which does not appear significant. The patient is only 34 years old with chronic pain condition. There is no explanation as why the patient would not be able to do basic life function and self-care activities even without the opiates. No validated instruments are used to show functional improvement and outcome measures are not provided as required by the MTUS. The request IS NOT medically necessary and should be slowly tapered per MTUS.