

Case Number:	CM15-0112313		
Date Assigned:	06/18/2015	Date of Injury:	02/12/2012
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, Pain Management

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 41 year old male, who sustained an industrial injury on 02/12/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right knee arthroscopic surgery times two, right medial and lateral meniscus oblique tear and partial tear of the posterior portion of the posterior ligament, right wrist sprain/strain, carpal tunnel syndrome with tear of the triquetral ligament, status post right carpal tunnel release, left wrist sprain/strain with rule out carpal tunnel syndrome, and lumbar spine sprain/strain with multiple disc bulges noted on lumbar four to five and lumbar five to sacral on per magnetic resonance imaging. Treatment and diagnostic studies to date has included magnetic resonance imaging with arthrogram of the right knee, magnetic resonance imaging of the lumbar spine, medication regimen, and above noted procedures. In a progress note dated 05/08/2015 the treating physician reports complaints of increased pain to the right knee and low back with the low back pain radiating to the bilateral lower extremities along with numbness and tingling. The injured worker also has complaints of the right lower extremity buckling. Examination reveals a decreased lumbar range of motion, positive straight leg raise on the left, tightness and spasm to the lumbar paraspinal muscles bilaterally, hypoesthesia to the foot and ankle at the lumbar five to sacral one level, weakness to the big toe, impaired range of motion to the right knee, a positive McMurray's test, medial joint line tenderness, positive right chondromalacia patellar compression test, and swelling of the right knee. The injured worker's current medication regimen includes Voltaren XR, Prilosec, Norco, Ultram, Fexmid, Morphine Sulfate ER, and Ambien, but the documentation

provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician requested Norco 10/32 mg with a quantity of 120 to be used as needed for pain with the documentation noting current use of this medication as noted above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.