

Case Number:	CM15-0112851		
Date Assigned:	06/19/2015	Date of Injury:	09/24/2012
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
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 54 year old female who sustained a work related injury September 24, 2012. While pulling a cart of equipment weighing approximately 70 pounds, she began to feel pain in her right leg, developed swelling, and difficulty getting up and down. She was treated with medication, 12 sessions of physical therapy, and a trial of a TENS unit. Past history included hypertension, diabetes, gastroesophageal reflux disease (GERD), obesity, and s/p right knee lateral meniscectomy January 16, 2015. According to a treating physician's notes, dated May 22, 2015, the injured worker presented with complaints of right knee pain, rated 5-6/10, while standing. She has had 8 sessions of physical therapy, which she reports as helping with flexion. She does have weakness in her knee and is having compensatory pain in the left knee. Inspection of the right knee joint revealed a well-healed surgical incision. Range of motion is restricted with flexion limited to 70 degrees. Movements are painful with flexion beyond 10 degrees. Tenderness to palpation is noted over the lateral joint line and patella and has no joint effusion. There is tenderness to palpation over the medial joint line of the left knee. Diagnoses are sprains and strains of the knee leg not otherwise specified; pain in joint lower leg; enthesopathy of knee not elsewhere classified. Treatment plan included continuing physical therapy and medication. At issue, is the request for authorization for Norco. A progress report dated May 22, 2015 states that the patient is tolerating the medication well with no side effects and takes Norco twice a day. Her pain scores 5-6/10 with medication. The note goes on to indicate that the patient has "increased activity and functionality on opiate therapy. There have been no issues of misuse or diversion of the medication. The side effects are minimal and controllable."

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 60, 1 by mouth 2 times daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325 mg Qty 60, 1 by mouth 2 times daily, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Norco 10/325 mg Qty 60, 1 by mouth 2 times daily is medically necessary.