

Case Number:	CM15-0114281		
Date Assigned:	06/22/2015	Date of Injury:	10/12/2012
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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 47 year old male who sustained an industrial injury on October 12, 2012. He has reported low back and right knee pain and has been diagnosed with thoracolumbar junction pain and coccyx pain; status post left foot surgery, chronic bilateral foot pain with traumatic plantar fasciitis, right foot surgical repair, and right knee pain. Treatment has included medications, physical therapy, medical imaging, injection, and surgery. Objective findings note the injured worker to be walking with a cane. There was some numbness over the lateral aspect of the right knee. Range of motion was 0-90 degrees. The treatment request included Norco. A progress report dated February 2, 2015 states that the patient's medications allow him to carry out activities of daily living including cooking, washing dishes, and doing laundry. A progress report dated March 2, 2015 indicates that Norco and Tizanidine reduce the patient's pain from 8/10 to 4/10. The medications improve the patient's activities of daily living, cause no side effects, and the patient has shown no aberrant behavior. There is assigned opiate agreement, urine drug screens have been consistent, and state database queries have been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Regarding the request for Norco 5/325mg #60, 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, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco 5/325mg #60 is medically necessary.