

Case Number:	CM15-0114657		
Date Assigned:	06/26/2015	Date of Injury:	05/09/2006
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 57 year old female who sustained an industrial injury on 05/09/2006. Current diagnoses include medial epicondylitis, facet arthropathy C6-7, degenerative scoliosis, grade I spondylolisthesis L5-S1, left leg radiculopathy, cervical pain, status post left shoulder surgery, bilateral knee degenerative joint disease, status post left total knee arthroplasty, status post right knee arthroscopy, and chronic intractable pain. Previous treatments included medications, left knee surgery, right knee surgery, left shoulder surgery, and radiofrequency thermocoagulation neurolysis on 01/12/2015. Norco was prescribed since at least December 2014. Previous diagnostic studies include urine drug screening dated 07/24/2014. Report dated 05/08/2015 noted that the injured worker presented with complaints that included numbness in the right shoulder, bilateral elbow pain, lower back pain and numbness that radiates down to the left buttock and left lower extremity with bilateral knee pain, numbness in the right calf and pain in the bilateral ankles. Pain level was 5 out of 10 on the visual analog scale (VAS) with medications. Current medication regimen includes Norco, aspirin EC, Benazepril HCL, bupropion Hcl XI, Byetta, Cymbalta, Detrol La, metformin Hcl, metoclopramide, simvastatin, vitamin D, furosemide, Neurontin, and ranitidine. Physical examination revealed an antalgic gait, tenderness of the lumbar spine, decreased sensation over the L4-S1 dermatome, absent ankle reflexes, and straight leg raise is positive on the left. The treatment plan included a request for extension of the previously authorized MRI, continue with conservative care for the lumbar spine and bilateral knees, refilled prescription for Norco, and follow up in 4-6 weeks. The physician noted that the injured worker meets the 4 A's of pain management. and that there is a pain contract on file in the office. Work status was noted as permanent and stationary. Disputed treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list- hydrocodone/acetaminophen (Norco) Page(s): 74, 76-82, 88-90, and 91.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. There was no documentation of change in work status or improvement in specific activities of daily living as a result of use of Norco. The documentation submitted supports that the injured worker has been prescribed Norco for greater than six months with no change in dosage or frequency. Pain ratings have remained unchanged. The injured worker has been seen monthly for appointments since at least December of 2014. The treating physician did not provide documentation to support functional improvement or duration of symptomatic relief with use of the medication. Therefore, the request for 1 prescription of Norco 10/325 mg, #120 is not medically necessary.