

Case Number:	CM15-0115613		
Date Assigned:	06/23/2015	Date of Injury:	09/09/2009
Decision Date:	07/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational 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 50-year-old male, who sustained an industrial injury on 09/09/2009. On provider visit dated 05/07/2015 the injured worker has reported shoulder, bilateral knee and neck pain. On examination of the left knee was swollen, and was noted to have a limited range of motion. Examination revealed limited information. The diagnoses have included chronic left shoulder pain-status post-surgery on 06/13/2011, chronic left lower extremity pain, and complex fracture of the left femur status post two surgeries, left sided neck pain, and left groin pain. Pain was noted as 9/10/ to 10/10/ without medication and 4/10 to 5/10 with medication. Treatment to date has included medication: Percocet, Colace, Lexapro, Wellbutrin, Norco and Synvisc injections, and a knee brace. The provider requested Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has taken opioids in the past with no benefit of decreased pain or increased function. Opioids have been weaned in the injured worker previously and there is a history of opioid dependence. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is determined to not be medically necessary.