

Case Number:	CM15-0117467		
Date Assigned:	06/25/2015	Date of Injury:	06/22/2011
Decision Date:	07/27/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
 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 (IW) is a 47-year-old male who sustained an industrial injury on 06/22/2011. Diagnoses include lumbar spine radiculitis with disc injury, bilateral hip derangement and leg pain. Treatment to date has included medications, right total knee replacement surgery with post-operative physical therapy, home exercise program and activity modification. MRI of the lumbar spine on 2/2/15 showed L2-3 minimal annular bulge with mild lateral recess stenoses bilaterally and otherwise no central dural compression; multilevel bilateral foramina were patent. According to the progress notes dated 4/28/15, the IW reported lower back pain rated 8-9/10, left hip pain rated 4-5/10, right hip pain rated 6-7/10, right knee pain rated 7-8/10, and right wrist pain rated 4-5/10 and numbness to the left leg and foot at times. On examination, the IW had difficulty standing from a seated position. He had a limp favoring the right leg when not using his cane. Straight leg raise was positive bilaterally. Range of motion of the right knee was limited, but improved, with full extension and 100 degrees of flexion. The notes stated Norco improves his sleep and ability to perform activities of daily living by 50%. A request was made for Norco 10-325mg, #120, one tablet orally every six (6) hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120 Sig: 1 tablet po q6 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120; Sig: 1 tablet PO Q6 hour is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine radiculitis with disc injuries; bilateral hip internal derangement; and leg pain. The earliest progress note in the medical record containing a Norco clinical entry is dated January 9, 2015. There are early of progress notes in the medical record from November 2014, but current medications are not listed. As a result, the start date for Norco 10/325 mg is not specified. According to the January 9, 2015 progress note, the injured worker complains of low back pain and right knee pain. Current medications include OxyContin, Norco 10/325 mg, lidoderm, Flexeril and Prilosec. The most recent progress of the medical record is dated April 28, 2015. The injured worker continues to complain of low back pain 8-9/10 (VAS pain scale from January 9, 2015 was 5-9/10). Objectively, there was difficulty standing from the sitting position with positive straight leg rising. The documentation does not contain evidence of objective functional improvement with Norco 10/325mg to support its ongoing use. There is no documentation of attempted weaning of Norco. There were no risk assessments and no detail pain assessments. Consequently, absent clinical documentation demonstrating objective functional improvement with Norco, risk assessments, detail pain assessments and attempted weaning, Norco 10/325mg #120; Sig: 1 tablet PO Q6 hour is not medically necessary.