

Case Number:	CM15-0121575		
Date Assigned:	07/02/2015	Date of Injury:	04/19/1999
Decision Date:	09/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
 Certification(s)/Specialty: Emergency 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 65 year old male, who sustained an industrial injury on April 19, 1999. The mechanism of injury was not provided. The injured worker has been treated for low back, bilateral shoulder and bilateral knee complaints. The diagnoses have included left knee arthrosis/post meniscectomy arthritis, right knee internal derangement, lumbar discopathy, chronic pain and right shoulder impingement syndrome. Treatment and evaluation to date has included medications, radiological studies, transcutaneous electrical nerve stimulation unit, home exercise program, left knee meniscectomy in 2001 and a left knee arthroscopy/partial meniscectomy in 2004. The injured worker was not working and was reported to be permanent and stationary. Current documentation dated May 6, 2015 notes that the injured worker reported constant left knee pain rated a 7/10 to an 8/10 on the visual analogue scale. The injured worker also noted ongoing right knee pain rated a 6/10, right shoulder pain rated a 5/10 and an aching and burning pain in the low back rated a 7/10. Examination of the right shoulder revealed tenderness and a decreased range of motion. Crepitus on motion was present. An impingement sign was positive. All other orthopedic testing was negative. Motor strength, deep tendon reflexes and sensation were normal. The injured worker was noted to be hunched over and unable to fully extend. Lumbar spine examination revealed tenderness and a significantly decreased range of motion. Sensation was diffusely decreased in the lower extremities below the knee in all dermatomes. The documentation notes that the injured worker had chronic pain and was seen basically for

medication refills. The injured worker reported that the medications Norco and Naproxen are the only two medications which help his pain. The treating physician's plan of care included a request for Norco 10/325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. Norco has been prescribed for this injured worker for a prolonged period of time. The documentation notes the injured worker had chronic severe pain and his condition had not changed. There was no documentation of improvement in specific activities of daily living or quantifiable pain as a result of use of Norco. There was no documentation of decrease in medication use as a result of use of Norco. The request for Norco is not medically necessary.