

Case Number:	CM15-0127864		
Date Assigned:	07/16/2015	Date of Injury:	02/02/2006
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on February 2, 2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having internal derangement of the knee not otherwise specified pain to the joint of the lower leg, and knee strain. Treatment and diagnostic studies to date has included medication regimen and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated June 02, 2015 the treating physician reports complaints of right knee pain. Examination reveals a positive McMurray's test bilaterally, positive patellar compression test bilaterally, laxity with valgus and varus stress bilaterally with the right worse than the left, antalgic gait on the right, absent patellar and Achilles tendon reflex bilaterally, paresthesias to the lateral right leg, decreased bilateral motor strength to the hips and knees, decreased range of motion to the bilateral knees, moderate swelling to the bilateral knees, crepitus to the bilateral knees, and tenderness to the medial joint line with effusion to right knee. The injured worker's medication regimen included Norco, Reglan, Naproxen, Omeprazole, Imitrex, Inderal LA, Seroquel, Topamax, Valium, and Wellbutrin XL, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested Norco 10/325mg with a quantity of 60 noting current use of this medication.

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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain, notation of pain score reduction with medications or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.