

Case Number:	CM15-0172542		
Date Assigned:	09/14/2015	Date of Injury:	02/26/2002
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 is a 60 year old male, who sustained an industrial injury on February 26, 2002, upper and lower back, and knee injuries. The injured worker had a history of prior left shoulder injury and surgery in 1980. Magnetic Resonance Imaging of the cervical spine showed disc protrusion and facet arthropathy. He was diagnosed with cervical radiculitis, lumbar radiculitis, and bilateral knee derangement with osteoarthritis. In 2004, he underwent right knee surgery and later he underwent a left knee arthroscopy with partial medial meniscectomy and chondroplasty. The injured worker had not worked since March, 2002. Other treatment included pain medications, anti-inflammatory drugs, muscle relaxants, neuropathic medications, sleep aides and aspirin. Currently, the injured worker complained of persistent neck, back, shoulder and knee pain from prior repetitive job duties. He was diagnosed with chronic bilateral shoulder tendinitis and impingement and bilateral internal derangements of both knees. He noted decreased range of motion with spasms and reduced strength. He was totally and permanently disabled. The treatment plan that was requested for authorization on September 1, 2015, included a prescription for Norco. On August 10, 2015, utilization review denied the request for a prescription of Norco.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 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 cervical discogenic pain; and possible lumbar discogenic pain. Boot of injury is February 26, 2002. Request for authorization is August 5, 2015. Documentation from 2011 progress notes for the injured worker was prescribed Flexeril and Naprosyn on one occasion. In a second progress note from 2011, the treating provider prescribed tramadol and omeprazole. There is no documentation indicating why tramadol (in this particular progress note) was prescribed and subsequently discontinued. According to an independent medical review final determination letter dated April 22, 2015, Tramadol 50 mg #60 with two refills was noncertified. According to the May 2015 progress note, there were no medications listed. There are no detailed pain assessments in the medical record. There are no risk assessments documented in medical record. Continuing opiate treatment is inconsistently documented within the body of the medical record. There is no documentation demonstrating objective functional improvement from ongoing tramadol. According to a July 15, 2015 progress note, the treating provider indicates he "will prescribe" Norco 10/325mg one PO b.i.d. PRN pain #60. The prescription for Norco 10/325mg is likely in place of the noncertified Tramadol 50 mg. There is no clinical indication or rationale for starting Norco 10/325mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation showing non- certification for tramadol 50mg dated April 2015, no clinical indication or rationale for starting Norco 10/325 mg, no detailed pain assessments or risk assessments in the medical record and no documentation demonstrating objective functional improvement from prior tramadol use, Norco 10/325mg # 60 is not medically necessary.