

Case Number:	CM15-0078490		
Date Assigned:	04/29/2015	Date of Injury:	06/05/2013
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old female, who sustained an industrial injury on 6/5/13. She reported initial complaints of injury were a slip and fall injuring low back and left knee. The injured worker was diagnosed as having history of chronic low back pain; tricompartmental osteoarthritis left knee; depressive disorder NES. Treatment to date has included physical therapy; multiple left knee injections; Euflexxa injection series of three (4/2014); knee brace; medications. Diagnostics included x-rays lumbar and left knee (6/5/13); MRI left knee (11/12/13). Currently, the PR-2 notes dated 3/20/15 indicated the injured worker complains of ongoing left knee pain. The pain is rated as high as 8/10 and is reduced to 5/10 with medications. Current medication regime includes Norco 10/325mg three times a day, ketorolac, lorazepam, Neurotin and Seroquel. Current complaints are low back pain that comes and goes described as dull ache with occasional sharp pain with some numbness and tingling along back of left lower leg. Left knee pain is described as frequent to constant with dull ache with a sharp, knife-like pain with swelling on a daily basis. The left knee locks up and unable to pivot. She uses a cane. The right knee pain comes and goes and is described as dull ache with some sharp pain that increases with activity. Her pain is better with medications, rest and elevating the leg. Pain scale is a 7-8/10 on average. The frequency of her pain is at a 10. The provider is requesting Norco 10/325mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids and ongoing management Page(s): 76-77 and 78-80.

Decision rationale: Norco 10/325mg quantity 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the patient was started on Norco on 3/2/15. The MTUS states that before initiating opiate therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be an assessment that the patient could be weaned from opioids if there is no improvement in pain and function. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. The MTUS recommends a written consent or pain agreement for chronic use and a urine drug screen can be considered to assess for the use or the presence of illegal drugs. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient was able to reduce her pain with Norco and able to participate in a home exercise program with Norco, however the documentation does not indicate evidence of the recommended MTUS prescribing guidelines for opiates with a discussion of future weaning, treatment plan, urine drug screen or signed pain contract. Without evidence of prescribing per the MTUS Guidelines the request for Norco is not medically necessary.