

Case Number:	CM15-0078988		
Date Assigned:	04/30/2015	Date of Injury:	12/16/2009
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
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: New York, West Virginia, Pennsylvania
 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 37 year old male, who sustained an industrial injury on 12/16/09. He reported initial complaints of right knee injury. The injured worker was diagnosed as having cervical disc degeneration; lumbar/lumbosacral disc degeneration; neck sprain. Treatment to date has included status post right knee arthroscopy, anterior cruciate ligament, partial synovectomy, biopsy, graft debridement (6/13/14); status post anterior cruciate ligament (ACL) reconstruction (10/2012); status post lumbar sympathetic epidural catheter insertion; epidurogram; right sympathetic infusion (4/28/14); physical therapy; right wrist brace; urine drug screening; medications. Diagnostics included MRI scan right knee (8/12/13 and 8/29/13); EMG/NCV upper extremities/cervical spine (3/2/12); MRI cervical spine (5/5/12). Currently, the PR-2 notes dated 1/8/15 indicated the injured worker complains of neck, bilateral shoulder, right wrist, lower back and right knee pain. The injured states he takes Norco, ibuprofen, Omeprazole, Buspirone, Citalopram, Prazosin, Temasepam, and APAP/Butrol 325-5. The neck pain increases with head movement as well as bending forward with numbness to his right hand. The pain radiates to bilateral trapezii with pain levels of 6-7/10. The shoulder pain is intermittent and head movement and lifting the shoulders increases the pain. The right is worse than the left shoulder. The right wrist pain is constant grasping, holding increases pain levels and radiates to the right hand with numbness including third, fourth and fifth fingers. The low back pain is constant with sitting, bending forward and walking long periods increase pain. The right knee also has pain which is intermittent and walking long periods of time increase pain. The injured worker has had right knee surgery twice. The provider has requested Norco 10/325mg #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.

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

Decision rationale: Guidelines recommend ongoing review and documentation of pain relief, functional status, side effects and aberrant drug use. In this case, there is no documentation of subjective or objective benefit from the use of Norco. Thus, the request for Norco 10/325 mg #60 is not medically appropriate and necessary.