

Case Number:	CM15-0095362		
Date Assigned:	05/21/2015	Date of Injury:	11/09/2010
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, 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 50-year-old male, who sustained an industrial injury on 11/09/2010. The details of the initial injury were not submitted for this review. Diagnoses include fracture of multiple ribs, right side with pneumothorax, resolved, fracture of multiple transverse processes right side of lumbar spine with residual pain, fracture of the pelvis including sacroiliac joint status post Open Reduction and Internal Fixation (ORIF), lumbar radiculopathy, right thigh paresthetica secondary to pelvic fracture, bursitis of right hip, right meniscal tear status post arthroscopy, degenerative joint disease, and meniscus tear left knee. Treatments to date include activity modification, knee brace, medication therapy, physical therapy, and therapeutic joint injections and epidurals, H-Wave, and a home exercise program. Currently, he complained of ongoing low back and bilateral knee pain. Pain was rated 7-8/10 VAS without medication and 2-3/10 with medication. On 4/14/15, the physical examination documented decreased sensation to the right lateral thigh, and tenderness to the sacroiliac joint bilaterally, right side greater than left. There was muscle spasms and tenderness in the lumbar spine with a positive right side straight leg raise test. There tenderness noted to bilateral knees. The provider documented he was pending an orthopedic evaluation for surgical options to treat the left knee. The treating diagnoses included a currant lateral and/or medial cartilage meniscus tear, degenerative disc disease, chronic pain, and low back pain. The plan of care included Norco 10/325mg tablets #48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #48: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #480 is not medically necessary.