

Case Number:	CM14-0154868		
Date Assigned:	09/24/2014	Date of Injury:	05/08/2001
Decision Date:	12/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 67-year-old female with a 5/8/01 date of injury. At the time (7/31/14) of the request for authorization for Norco 10/325mg, #15 x 2, there is documentation of subjective (increase in pain) and objective (restricted range of motion in both shoulders and upper extremities, tenderness to palpation over the right distal radius, persistent chronic tenderness over the upper thoracic spine radiating into the left chest wall, bilateral paraspinous tenderness at the lumbosacral junction with mild-to-moderate palpable muscle spasm, 0 to 1+ pitting edema in the left lower extremity with palpable pulses, right knee is tender to palpation over the medial joint line, pain with full extension and flexion) findings, current diagnoses (increased right knee pain with history of right knee internal derangement, history of right foot metatarsal fracture, lumbar degenerative disc disease, history of two spinal cord stimulator implants, history of right knee internal derangement, and history of left knee patella fracture), and treatment to date (medication including Norco for at least 4 months). Medical reports identify the patient has signed an opioid agreement and remains compliant with those terms. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #15 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, When to continue Opioids Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids Page(s): 74-80. Decision based on MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of increased right knee pain with history of right knee internal derangement, history of right foot metatarsal fracture, lumbar degenerative disc disease, history of two spinal cord stimulator implants, history of right knee internal derangement, and history of left knee patella fracture. In addition, given documentation that the patient has signed an opioid agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of treatment with Norco for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg, #15 x 2 is not medically necessary.