

Case Number:	CM14-0163093		
Date Assigned:	10/08/2014	Date of Injury:	12/03/2013
Decision Date:	11/30/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This injured worker is a 40 year old male who reported an industrial injury on 12-3-2013. His diagnoses, and or impressions, were noted to include: cervical spine sprain-strain; and a history of right elbow and knee contusions with grade 3 tear of the meniscus and splaying of the anterior cruciate ligament. Recent magnetic resonance imaging of the right knee was said to have been done on 7-25-2014. His treatments were noted to include: medication management; and rest from work. The progress notes of 9-18-2014 reported complaints which included: persistent, frequent and worsening pain in the neck and back, rated 8 out of 10, and right elbow, knee and foot pain rated 7 out of 10; that his pain was made worse by activities and better with rest and medication, taking 2 Tramadol per day which decreased his pain down to a 6 out of 10, and 1 Norco at night which decreased his pain down to a 5 out of 10. The objective findings were noted to include: no acute distress; an antalgic gait pattern; tenderness with limited flexion of the cervical spine due to pain; tenderness with limited flexion with limited pronation and decreased muscle strength in the right elbow; and tenderness over the right knee medial joint line and anterior compartment, with limited extension and flexion due to pain, decreased muscle strength. The physician's requests for treatment were noted to include a prescription for Norco 10-325 mg, 1-2 tabs every 8 hours for pain, #30; and a review of the 7-25-2014 magnetic resonance imaging studies of the right knee. The Request for Authorization, dated 9-26-2014, was noted to include Norco 10-325 mg, 1-2 tabs every 8 hours for pain, #30; along with Tramadol 50 mg, 1-2 tabs every 6-8 hours, for pain, #60. The Utilization Review of 9-24-2014 non-certified the request for Norco 10-325 mg, 1-2 tabs every 6 hours for pain and management of symptoms related to cervical spine, right elbow and right knee injuries, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 10/325mg) #30 (unspecified days supply): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Tramadol for several months prior and currently prescribed Norco and Tramadol. There was no mention of Tylenol, Tricyclic or weaning failure. No one opioid is superior to another. The Tramadol and Norco provide nearly similar amount of pain relief on pain scores for the claimant. The continued use of Norco is not medically necessary.