

Case Number:	CM13-0014095		
Date Assigned:	06/06/2014	Date of Injury:	03/21/2006
Decision Date:	07/11/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/21/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 46 year old female who was injured on 3/21/2006 when she slipped and fell onto her knees. She was later diagnosed with bilateral lower extremity pain, complex regional pain syndrome, bilateral knee internal derangement, osteoarthritis of bilateral knees, obesity, and genu varum bilateral knees. She was treated with right knee surgery (arthroscopy), opioid oral medication, benzodiazepines, topical analgesics, knee braces, weight loss (recommendation), physical therapy, and steroid injections. She used opioids and benzodiazepines chronically for at least many months, according to the notes provided. The most recent encounter prior to the request was on 8/1/13 when the worker was seen by her primary treating physician for her usual complaints of bilateral knee pain. She was at the time awaiting her new knee braces and reported several episodes of her knees locking and having inability to move without pain in her knees. Physical examination revealed a positive McMurray sign bilaterally, tenderness to her knees along the joint lines, a positive Apley grind test, and patellofemoral crepitation. She was recommended to continue her Norco and Klonopin, KGL cream and braces for her knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the documentation did not display pain relief and functional status related to her Norco use to begin to evaluate for its medical necessity. Without this documented review, the Norco 10/325 mg #120 is not medically necessary.