

Case Number:	CM13-0034864		
Date Assigned:	12/11/2013	Date of Injury:	04/09/2002
Decision Date:	02/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 physician 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 patient is a 58-year-old female who reported an injury on 04/09/2002. The mechanism of injury was not fully documented; however, the patient sustained injuries to the right knee, left knee, and right elbow. The patient's current diagnoses as of 12/2013 are: internal derangement of the bilateral knees, status post right total knee replacement, and right medial epicondylitis. The patient's treatments were listed as medications and physical therapy. The most recent clinical documentation is dated 11/27/2013 whereupon the patient described her bilateral knee pain as daily at a 6/10 to 7/10. With her medication use consisting of Opana, oxycodone and Norco, the patient is able to bring the pain down to 4/10 allowing her to be more functional. The patient's right elbow pain is intermittent depending on activities, and she admits to having daily tightness and numbness in the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 dispensed on 9/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Norco 10/325 mg, #30, the date of service is noted as 09/25/2013. The documentation provided for review does not indicate the patient was seen on 09/25/2013, but rather the 24th. According to the documentation, the patient has been utilizing Norco 10/325 mg since at least 05/2013. Under California MTUS, it states that opioid tolerance develops with a repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear the analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with the weaning of opioids. In the case of this patient, she has been utilizing this medication for several months, with a note in her documentation as her pain level being relatively unchanged. Therefore, at this time, the request for Norco 10/325 mg prescribed on 09/24/2013 (or 09/25/2013) was noted as an ongoing continuation of this medication. However, there is a lack of objective information pertaining to the overall efficacy of this medication use. Therefore, at this time, the requested service for Norco 10/325 mg, #30, prescribed on 09/25/2013 cannot be warranted. As such, the requested service is noncertified.

Opana ER 10mg #60 dispensed on 9/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Opana ER 10 mg, #60, for date of service of 09/25/2013, as noted in the documentation, the patient has been utilizing this medication since at least 05/2013. Under California MTUS it states that long term use of opioids is not recommended. Furthermore, there is no objective information pertaining to the efficacy of this medication regarding its use towards reducing the patient's pain levels. Throughout the most current documentation, the patient stated that her symptoms are relatively unchanged. Therefore, it is unclear as to the indicated use of Opana if the medication is not providing pain relief. Therefore, at this time, the requested service for Opana ER 10 mg, #60, tablets for the date of service of 09/25/2013 cannot be warranted. As such, the requested service is noncertified.

Norco 10/325mg #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Norco 10/325 mg, #10, requested for next visit, under California MTUS, it states that if there is no overall improvement in function, unless there are extenuating circumstances, weaning from a medication is recommended. In the case of this patient, due to her symptoms having been relatively unchanged over the course of the past several months while using this medication, weaning of this medication is advised at this time.

As noted in the previous documentation, the patient had been utilizing the same medication and was prescribed Norco #30 tablets as recently as 11/2013. With the current request for only 10 tablets, this is an indication that the physician is attempting to wean the patient from the medication. Therefore, at this time, the requested service will be certified due to the recommendation of not abruptly discontinuing opioids.

oxycodone 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for oxycodone 5 mg, #60, requested for next visit, according to the documentation the patient has been utilizing oxycodone since 10/31/2013. Under California MTUS, long term use of opioids is not recommended. The patient has already been utilizing Norco and Opana ER for several months. The documentation does not provide any objective measurements pertaining to the use of this medication nor the other 2 oral medications as it pertains to her pain relief. Therefore, at this time, weaning of medications is recommended as per California MTUS when a patient is not being provided overall improvement in her function and has continuation of pain. The documentation from 08/2013 through 11/2013 notes that the patient's pain has relatively been unchanged. Therefore, the medical necessity for oxycodone 5 mg is unclear. If the medication is not providing sufficient pain relief, the continuation of its use not recommended. As such, the request is non-certified.

Physical therapy for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for 12 sessions for physical therapy for the right elbow, under California MTUS, it states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. Sessions are set to allow for fading of treatment, frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. As noted in the documentation, the patient has already undergone several sessions of physical therapy pertaining to the elbow. However, there is no objective documentation providing functional improvement with the use of the therapy. Furthermore, there is nothing indicated in the documentation indicating exceptional

indications/extenuating circumstances to necessitate further treatment at this time. Twelve sessions of physical therapy would exceed the maximum allowance per physical therapy guidelines, and as notated before the patient has undergone a reported 72 previous sessions of physical therapy for the elbow, which would indicate the patient would be well versed in home health exercises at this time. As such, the requested service is noncertified.