

Case Number:	CM13-0037399		
Date Assigned:	12/13/2013	Date of Injury:	03/01/2007
Decision Date:	02/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Practice and is licensed to practice in Texas. 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 59 year old female who reported an injury on 03/01/2007. The mechanism of injury was noted to be a motor vehicle accident. The patient was noted to have had a revision total right knee arthroplasty on 09/25/2013. Her medication list was noted to include aspirin 81 mg, Gabapentin 300 mg, methocarbamol 750 mg, oxycodone 10 mg twice a day, Percocet 1 tab to 2 tabs every 6 hours as needed for pain, Norco 1 every 4 hours as needed for pain, and naproxen 500 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg per tab SIG 1-2 tabs po every 6 hours prn pain qty 120 refills 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that, for the ongoing management of patients taking opioid medications, documentation of pain relief, functional status, appropriate medication use, and side effects is required. Additionally, detailed documentation regarding the 4 A's for ongoing monitoring needs to be shown. The 4 A's include analgesia, activities of daily

living, adverse side effects, and aberrant drug-taking behaviors. The detailed documentation required by the guidelines for the ongoing management of opioids was not provided in the patient's most recent office notes. Additionally, prior to her operation on 09/25/2013, the patient was using Norco as needed for pain; however, when she was discharged following the operation, the medication list included Percocet as needed for pain. Therefore, it is unknown whether the patient is taking Norco and Percocet as well as her scheduled OxyContin or just 1 of those medications for breakthrough pain. With the absence of more detailed documentation regarding the prescription, the request is not supported. Therefore, the request is non-certified.