

Case Number:	CM13-0070650		
Date Assigned:	01/08/2014	Date of Injury:	11/02/2009
Decision Date:	06/13/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

50y/o male injured worker with date of injury 11/2/09 with related low back and left knee pain. Per 11/15/13 visit note he continued to report pain in the left knee that is worsened by walking and standing. He had difficulty with climbing stairs. He felt that his knee would give out on him at times and would buckle secondary to pain. He used a can to help with ambulation. MRI of the left knee dated 1/11/12 revealed findings most consistent with prior posterior horn medial meniscectomy, superimposed findings suggestive of a posterior horn remnant tear; small suprapatellar effusion; findings suggestive of postoperative changes infrapatellar bursal fat. EMG of the bilateral lower extremities date 6/7/10 was a normal study. MRI of the lumbar spine dated 12/24/09 revealed degenerative disc changes at the L2-L3, L3-L4, and L4-L5 levels combined with facet joint hypertrophy causing bilateral, left greater than right, neural foraminal narrowing (mild at L2-L3, and moderate at L3-L4 and L4-L5). No definite canal stenosis. He has been treated with chiropractic therapy, physical therapy, biofeedback, relaxation training, epidural injections, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-NORCO 10/325MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 78,91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids, Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals documentation supporting the on-going use of norco. Per 11/15/13 visit note, the injured worker "used morphine to decrease his baseline level of pain so that he is able to better tolerate walking and standing. He also can use the toilet more easily because his pain is less with this medication. He uses the Norco for breakthrough pain as needed for more severe pain and flare ups." Per 12/6/13 note, it is noted that Norco does relieve his pain and allows greater function. He denies any side effects or adverse reactions, and his urine screen dated 9/20/13 was also consistent with its use. As a component of the injured worker's medication regimen, Norco is producing analgesia and functional improvement. The request is medically necessary.