

Case Number:	CM14-0001100		
Date Assigned:	01/22/2014	Date of Injury:	01/11/2008
Decision Date:	11/03/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in 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:

This is a 46-year-old male patient sustained an industrial injury on 01/11/2008, injuring his right knee and low back including a hernia. The mechanism of injury was not provided. MRI performed on 08/08/13 reportedly demonstrated a small chondral lesion with the central weight bearing surface of the lateral femoral condyle with moderate patellofemoral chondromalacia, lateral patellar tilt, and a small effusion. The patient has a history of anterior posterior L5-S1 interbody fusion on 06/07/12. Prior conservative treatment has included medications and corticosteroid injections. The most recent progress note included for review is dated 11/20/13 and indicates patient having communication in benefit from cortisone injection to the right knee. Objective findings or listed as 10 degrees extension lag, positive varus deformity, moderate effusion, slight varus deformity, tenderness at the medial joint line. The treating provider requested authorization for viscosupplementation with hyaluronic acid injections, specifically Synvisc. The patient was prescribed Norco 10 mg 1 tablet by mouth every 6 hours #60 with one refill. Utilization review report dated 12/05/13 notes that a request for Norco 10 mg 1 tablet every 6 hours #60 one refill was non-certified, with the reviewing physician noting that California MTUS chronic pain guidelines indicate the long-term use of narcotics for osteoarthritic diagnosis is not supported. There would be no indication in this case as to why this form of particular modality would be indicated given the claimant's documentation of other forms of treatment also being utilized. Continued use of short acting agents for this degenerative process would not be supported at present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg 1 Po Every 6 Hours #60 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Osteoarthritis Page(s): 83-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

Decision rationale: The California MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided, such as VAS scores with and without opioids, and no indication of functional benefit or return to work. There is no documentation of appropriate medication monitoring with urine drug screen or a signed narcotic agreement. Long-term use of narcotic medications is not supported for the treatment of degenerative osteoarthritis. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Norco 10 mg 1 tablet by mouth every 6 hours #60 with one refill is not medically necessary.