

Case Number:	CM14-0003616		
Date Assigned:	01/31/2014	Date of Injury:	03/14/2003
Decision Date:	10/08/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 & 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:

The injured worker is a 55-year-old male with an original date of injury of March 14, 2003. The industrial diagnoses include chronic low back pain, lumbar degenerative disease, lumbar radiculopathy, chronic knee pain, bilateral chondromalacia patellae, right shoulder pain, and depression. It is noted that the patient experiences chronic severe knee pain and is on a medication regimen consisting of Norco, carisoprodol, omeprazole, and naproxen. The patient has a significant comorbidity of severe depression and has documentation of previous suicidal ideation and psychiatric hospitalization. The disputed issue is the request for Norco. This was deemed to be not medically necessary in a utilization review determination on the basis that no clear functional benefit was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Section Page(s): 76-80.

Decision rationale: In the case of this injured worker, there is complex chronic pain with a comorbidity of severe depression and documentation of suicide attempts. The patient continues with chronic knee pain, and is on both nonnarcotic and narcotic pain medications. There is documentation that the medications help in part with relieving pain. This is documented in a progress note on December 5, 2013. Functionally, it is not clear what benefit the patient has gained from narcotic pain medication. It is noted that the patient continues on temporary total disability as of a progress note on March 6, 2014. The most important aspect to monitor for in this case is aberrant behaviors and adverse effects. Norco, as with all narcotics, can possibly adversely affect mood. Furthermore, in patients with severe depression there is a higher risk and random urine drug testing should be performed to monitor for compliance. This is part of the Chronic Pain Medical Treatment Guidelines and documentation to indicate that this monitoring is absent from the submitted medical records. Therefore, although the patient possibly will require Norco in the long-term, there should be documentation of monitoring for aberrant behaviors, adverse side effects, and functional benefit for continuation. Based upon the available submitted documentation, the request is not medically necessary.