

Case Number:	CM14-0009172		
Date Assigned:	02/14/2014	Date of Injury:	09/22/2012
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 Internal 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 patient is a 55-year-old male who was reportedly injured on 9/22/2012 resulting in a tibial and fibular fracture. The patient underwent open reduction and internal fixation procedures for remission of these fractures. Per the notes of the treating orthopedic surgeons, the patient also had thinning and possible tear of the medial meniscus of the ipsilateral knee. This had resulted in chronic pain in the knee and corresponding ankle. He was seen on 12/3/2013 and these notes were reviewed in addition to all subsequent notations by other physicians including podiatry and another orthopedic surgeon. Notations and independent medical reviews for the past six months were reviewed in addition. The patient has been on Norco 10/325 mg for the treatment of pain. He has been also on Naprosyn and experienced some relief with this medication. However, subsequent to initiation of the opiate medication, there has been no documentation of functional improvement or improvement in pain and quality of life. On clinical evaluation dated 12/3/2013, the provider noted that there had been no changes in knee or ankle symptoms and that medication were providing some relief. On physical examination, the patient had medial and lateral patellar tenderness with no reduction in the extent of flexion. Tests of meniscal stress were negative and tests for anterior and posterior knee displacement (e.g. Drawers', Lachmann's) were also negative. The patient did require a cane for ambulation. The plan was to continue Norco therapy three times a day at 10/325 mg strength. The nature of pain (somatic or neuropathic), its pattern, relieving and exacerbating factors and monitoring for risk of opiate use including substance dependence and misuse were not noted. Additionally, the benefit of opiates in this particular instance was not indicated in terms of improvement of function or quality of life and reduction of pain. No urine drug screen data were available. The patient's ongoing medical regimen was not listed and it was unclear if the patient had been on Naprosyn as gathered from other parts of the documentation received. Finally, there was no documentation of other

modalities of conservative treatment sought since the injury, including but not limited to acupuncture and physical therapy or cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, TWICE A DAY, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Subsections 1 THROUGH7 Page(s): 76-80.

Decision rationale: The use of opioids for chronic pain requires the practitioner to follow many elements of the MTUS (or equivalent) guidelines for safe and appropriate use of these potentially addicting substances. It has also long been documented that opioids present the risk of intentional or inadvertent overdose with the potential consequences of hospitalization or even death. Further, diversion of opioids is another potential concern in the chronic therapy of opioid use. For all these reasons, it is not appropriate to use opioids chronically without adequate adherence to the guidelines. Briefly, the MTUS guidelines recommend that prior to initiation of opioids for chronic pain, a complete assessment of the pain is necessary (whether pain is nociceptive, neuropathic, somatic, visceral, malignant or non-malignant) and non-opioid medications including acetaminophen and non-steroidal anti-inflammatory agents be tried and their therapeutic efficacy be documented. Centrally acting opioids with minimal abuse potential including Tramadol are also first line for management of chronic pain. Additional considerations include assessment of the appropriateness of adjunctive non-analgesic medications including anti-depressant and anti-epileptic agents. Establishment of a baseline psychological evaluation and assessment for the risk of substance abuse using a standardized and validated survey instrument is also recommended. Ongoing monitoring requires assessment of whether pain and function have improved on opioid treatment. If no improvement of function or pain occurs, it is not recommended to continue opioid treatment. If depression and/or anxiety are present, it is recommended to obtain a psychiatric consultation and if substance misuse evidence exists, referral to a substance abuse specialist is also to be strongly considered. Finally, an opioid prescription agreement outlining patient and provider responsibilities and the consequences of non-compliance with the agreement is a recommended element of chronic opioid therapy. If opioids are required for more than three months and/or if improvement of pain is sub-optimal, referral to a multidisciplinary pain clinic is suggested. The management of chronic pain benefits from a multimodality approach per the MTUS guidelines. Ongoing monitoring with standardized and validated survey instruments is recommended in the appropriate rehabilitation of individuals with chronic pain that has outlasted their original injury. In this case, the provider requesting a prescription of Norco 10/325 three times a day for this patient has not adequately documented any of the elements listed in the preceding paragraphs. Furthermore, there is documentation that the patient did not derive documented benefit from hydrocodone in the past. For all these reasons, the prescription of Norco is not medically necessary. As such, the request is not certified.

