

Case Number:	CM14-0011090		
Date Assigned:	02/21/2014	Date of Injury:	06/01/2012
Decision Date:	08/01/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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 51-year-old female who has submitted a claim for status post right knee arthroscopy with subsequent revision right knee arthroscopy, status post left knee arthroscopy with residual sprain, patellofemoral arthralgia and moderate to severe medial compartment osteoarthritis, and bilateral plantar fasciitis associated with an industrial injury date of 06/01/2012. Medical records from 2013 were reviewed. The patient complains of left knee pain characterized as sharp pain with weakness and giving way of her left knee. Latest examination findings of the left knee show a genu valgum, tenderness on the medial joint line, ROM flexion 135 degrees and extension 5 degrees, and grade 4/5 weakness with flexion and extension. Treatment to date has included activity modification, bilateral knee arthroscopy, electrical muscle stimulation, ice packs, physical therapy, Synvisc injection, and oral pain medications. Medications taken have included Prilosec, Fexmid, and Norco. Utilization review dated January 2014 modified the request for Norco 2.5/325 from #60 to #48 for weaning purposes because guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 5/325mg #60: Upheld

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

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

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on opioids since August 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The California MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the prospective request for one prescription of Norco 5/325mg #60 is not medically necessary.