

Case Number:	CM14-0018815		
Date Assigned:	04/23/2014	Date of Injury:	09/26/2006
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 53 year old male with date of injury 9/26/06. The treating physician report dated 12/24/13 indicates that the patient presents with pain affecting the left knee. The pain has increased since the last visit and no new injuries are reported. The current diagnosis is left knee pain 719.46. There is no indication of the current level of intensity of pain or amount of relief with his medications. The utilization review report dated 1/16/14 denied the request for Norco 10/325 #60 and recommended a modification for the purpose of weaning the patient from this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST.

Decision rationale: The patient presents with chronic left knee pain, bilateral leg pain, hip pain and low back pain. The current request is for Norco 10/325 #60. The treating physician states, "Pain level has increased since last visit." He denies any new injury since last visit. Since last

visit, quality of life has remained the same. Activity level as remained the same. The patient is taking his medications as prescribed. He states the medications are working well. Current medications: Cialis, Miralax, Lidoderm, Colace, Biotene, Pennsaid, Ambien, Norco, Baclofen, Omeprazole, Gabapentin and Phenegran." In reviewing the treating physician reports dated 8/6/13, 9/3/13, 10/1/13 and 11/26/13 there is limited documentation regarding the efficacy from chronic use of Norco. California Medical Treatment Utilization Schedule (MTUS) pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, only a statement from the patient that the medications are working well is provided. The documentation provided is inadequate to show medication efficacy and the treating physician has failed to meet the MTUS guidelines. The current request is for Norco 10/325 #60 is not medically necessary and appropriate.