

Case Number:	CM14-0120667		
Date Assigned:	08/06/2014	Date of Injury:	12/06/2001
Decision Date:	10/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family 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 65-year-old female who has submitted a claim for s/p right knee arthroscopy with partial medial and lateral meniscectomy, repair of anterior horn lateral meniscus, and chondroplasty of the medial femoral condyle, s/p left knee partial lateral medial meniscectomy and chondroplasty of the medial femoral condyle and patella, and synovectomy, associated with an industrial injury date of December 6, 2001. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 07/23/2014, showed bilateral knee pain with a pain scale of 3-4/10. Physical examination revealed tenderness over the medial and lateral joint lines of bilateral knees. Active range of motion of bilateral knees showed restriction. Treatment to date has included right knee arthroscopy with partial medial and lateral meniscectomy, repair of the anterior horn lateral meniscus, and chondroplasty of the medial foraminal condyle, left knee partial lateral medial meniscectomy and chondroplasty of the medial foraminal condyle and patella, and synovectomy, injection therapy, and medications such as Norco and Naproxen as early as July 2013. Utilization review from 07/01/2014 denied the request for the purchase of 60 tablets of Naproxen 500mg with 3 refills because the clinical documentation provided failed to provide a pain assessment that included current pain or objective functional improvement as a result of the medication. The request was modified from 100 tablets of Norco 10/325mg with 3 refills to 50 tablets of Norco 10/325mg because the clinical documentation failed to provide a pain assessment to include documentation of pain relief, and functional status after taking the medication to support the request. Side effects and aberrant behavior were not referenced to support continuation. However, the guidelines state for weaning of opioid should occur under a direct ongoing medical supervision as a slow taper.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg # 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Page(s): 66-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDS

Decision rationale: According to page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been on Naproxen as early as July 2013. Long-term use is not recommended. In the recent clinical evaluation, the patient still complains of bilateral knee pain. The medical records submitted did not document functional improvement with Naproxen use. Furthermore, the medical records submitted for review do not show evidence of osteoarthritis in the patient. Therefore, the request for Naproxen 500mg #60 With 3 Refills is not medically necessary.

Norco 10mg/325 mg # 100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) 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 taking Norco as early as July 2013. However the recent progress report showed no documented evidence of analgesia or improvement in functional activities. Furthermore, adverse effects or aberrant behavior were not documented. The guideline criteria were not met. Therefore, the request for Norco 10/325mg #100 with 3 refills is not medically necessary.