

Case Number:	CM14-0151516		
Date Assigned:	09/19/2014	Date of Injury:	01/15/1997
Decision Date:	10/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/17/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 54-year-old employee with date of injury of 1/15/1997. Medical records indicate the patient is undergoing treatment for chronic bilateral knee pain; chronic hip pain and chronic pain syndrome. Subjective complaints include pain in bilateral knees and his right hip. The patient describes his pain as burning and stabbing. He rates his overall pain as 7-8/10. Objective findings include: on exam, the patient could ambulate and get on/off the exam table. The patient has tenderness to palpation over the superior trapezius and levator scapulae on movement. He has tenderness over both patellae's. The left patella is limited to flexion, tenderness over the lateral and medial meniscal joint line, left hip tenderness on internal and external rotation. He was unable to cross his knees. Treatment has consisted of Norco, Valium, Lidoderm patches, and Voltaren gel. The utilization review determination was rendered on 6/19/2014 recommending as not medically necessary of Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Opioids

Decision rationale: ODG does not recommend the use of Opioids For knee pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco for several years, in excess of the recommended 2-week limit. As such, the question for Norco 325/10mg is not medically necessary.