

Case Number:	CM14-0169307		
Date Assigned:	10/17/2014	Date of Injury:	08/25/2011
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Pain 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:

This is a male patient with a date of injury of August 25, 2011. A utilization review determination dated September 23, 2014 recommends noncertification of Norco 10/325 mg #90 with three refills and Motrin 800 mg #90 with three refills modified to Motrin 800 mg #90 without refills. A progress note dated August 19, 2014 identifies subjective complaints of stabbing pain rated at a 7-8/10, aching upper back pain rated at a 7-8/10, burning mid back pain rated at a 6-7/10, aching right-sided low back pain rated at a 6-7/10, and aching, stabbing bilateral knee pain rated that a 6-7/10. The patient also complains of aching, stabbing bilateral hand pain and aching left foot pain. Physical examination identifies tenderness and spasm noted over the paraspinal muscles of the thoracic and lumbar spine, decreased sensation of L4 and L5 dermatomes on the left and joint line tenderness noted over the medial and lateral aspects of the left knee. The diagnoses include status post left knee arthroscopy with grade 3 chondromalacia of the medial femoral condyle and grade 2 chondromalacia of the tibial plateau on the left, and L4-5 annular tear. The treatment plan recommends a prescription for Norco 10/325 #90 with 3 refills and Motrin 800mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325mg #90 with 3 refills, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears this is a new prescription for Norco. However, there is no documentation of functional deficits which are intended to be addressed with this newly prescribed opiate pain medication. Additionally, a 4-month prescription for a newly started opiate is not supported by guidelines. The initiation of opiates requires careful follow-up and titration. Finally, there is no indication that a pain agreement has been signed and informed consent has been obtained for the use of opiate pain medication. As such, the currently requested Norco 10/325mg #90 with 3 refills is not medically necessary.

Motrin 800mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin 800mg #90 with 3 refills, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears this is a new prescription for Motrin. However, there is no documentation of functional deficits which are intended to be addressed with this newly prescribed NSAID. Additionally, a 4-month prescription for a newly started NSAID is not supported by guidelines. The initiation of NSAIDs requires careful follow-up and titration, and guidelines recommend that they be used at the lowest dose for the shortest time possible. As such, the currently requested Motrin 800mg #90 with 3 refills is not medically necessary.