

Case Number:	CM14-0170743		
Date Assigned:	10/23/2014	Date of Injury:	12/10/2010
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgery 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 61-year old female with a 12/10/10 injury date. In an 8/4/14 follow-up, subjective complaints included right hand pain and swelling of the right thumb, and bilateral knee pain. Objective findings included bilateral knee tenderness, swelling of the right knee, tenderness of the right 1st MCP joint, positive Finkelstein test on the right, and right forearm tenderness. Right knee x-rays on 10/14/13 showed mild narrowing of the lateral joint space. Diagnostic impression: chronic left knee pain. Treatment to date: left knee arthroscopy (2012), medications, physical therapy. A UR decision on 9/26/14 modified the request for Norco 5/325 mg every 6 hours Qty 120 to allow for Norco 5/325 mg every 6 hours Qty 90. There was no record or mention of a pain contract or evidence of improved function during 2.5 years of opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG Every 6 Hours Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria required to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Norco 5/325 MG Every 6 Hours Qty: 120 is not medically necessary.