

Case Number:	CM14-0171610		
Date Assigned:	10/23/2014	Date of Injury:	10/07/2010
Decision Date:	12/26/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 30 year old male who was injured on 10/7/2010. He was diagnosed with internal derangement of the left knee. He was treated with medications, including opioids. He was also treated with arthroscopic repair of the left knee (2012) and knee corticosteroid injection. On 9/8/2014, the worker was seen for a follow-up with his orthopedic physician reported continual and constant left knee pain and swelling, which had been worsening. He reported his medications (Naproxen, tramadol, Norco) helping to reduce his pain by 70% (no functional report was documented in the notes). The physical examination of the left knee revealed tenderness of the medial joint line, slightly decreased range of motion, and negative provocative and laxity testing. He was given a Kenalog injection. Later, a request was made on behalf of the worker for continuation of his Norco, with the intention to wean down the dose over 1-2 months until discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg count #40 for purposes of taper and discontinuation over the course of 1-2 months.: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, the documentation was not clearly reporting that this full review (for opioid use) was made in order to justify continuation. There was no evidence of functional benefit with the Norco use. Without this evidence of benefit, weaning is indicated. The request for #40 pills of Norco 10/325 mg. continuation for weaning over 1-2 months seems reasonable. However, it is unclear as to how often the Norco was used in conjunction with his other medications, including tramadol. Without a clear report on actual use of Norco, assessing for a reasonable weaning schedule is impossible. Also, there was no documentation suggesting a full outlined dosing schedule discussed with the worker, with associated follow-up. Without this documentation available for review, the Norco will be considered medically unnecessary to continue and another weaning schedule, perhaps quicker, may be more appropriate, depending on the previous use pattern.