

Case Number:	CM14-0173566		
Date Assigned:	10/24/2014	Date of Injury:	12/20/2013
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 43-year-old male with an injury date of 12/20/13. Based on the 09/18/14 progress report provided by [REDACTED] the patient complains of left lower extremity pain and left knee pain rated 7/10. Physical examination to the left knee revealed tenderness to palpation over the quadriceps tendon. Range of motion was restricted with flexion limited by pain to 100 degrees and extension 170. His medications include Naproxen Sodium, Pantoprazole and Hydrocodon-acetaminophen. With the current medication regimen his symptoms are adequately managed and quality of sleep is normal. Per progress report dated 03/05/14, patient has been prescribed Hydrocodone and Ibuprofen. Progress report dated 07/24/14 states that patient shows no evidence of developing medication dependency. Lab report dated 07/17/14 showed results consistent with medications prescribed. Patient has had acupuncture and physical therapy sessions. Patient is temporarily totally disabled. Diagnosis (09/18/14):- pain in joint of lower leg- pain in joint of ankle and foot- skin sensation disturbance Patient is status post left knee arthroscopy with partial medial meniscectomy, per operative report dated 09/23/14. [REDACTED] is requesting Prospective request for 1 prescription of Norco 25/325mg #60. The utilization review determination being challenged is dated 09/26/14. The rationale is: "certified with modification #48 to accommodate weaning." [REDACTED] is the requesting provider, and he provided treatment reports from 03/05/14 - 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88,89 76-78.

Decision rationale: The patient complains of left lower extremity pain and left knee pain rated 7/10 per progress report dated 09/18/14. The request is for Prospective request for 1 prescription of Norco 25/325mg #60. His diagnosis dated 09/18/14 included pain in joint of lower leg, pain in joint of ankle and foot, and skin sensation disturbance. Per operative report dated 09/23/14, he is status post left knee arthroscopy with partial medial meniscectomy. Per progress report dated 09/18/14 his medications included Naproxen Sodium, Pantoprazole and Hydrocodone-acetaminophen. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater states on progress report dated 09/18/14, that with the current medication regimen patient's symptoms are adequately managed and quality of sleep is normal. Progress report dated 07/24/14 states that patient shows no evidence of developing medication dependency, and lab report dated 07/17/14 showed results consistent with medications prescribed. Hydrocodone has been prescribed in progress report dated 03/05/14. Treater has documented analgesia, and medication compliance/aberrant behavior but does not specifically address the patient's functional improvement in terms of activities of daily living, change in work status. No adverse effects are discussed either. It appears, however, that this is a prospective request based on anticipated knee surgery on 9/23/14. Therefore, the requested Norco 2.5/325mg #60 is medically necessary and appropriate.