

Case Number:	CM14-0178808		
Date Assigned:	11/03/2014	Date of Injury:	11/19/2013
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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, 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:

This patient is a 55 year old male with an injury date of 11/19/13. No PR2 was submitted with this request. Per the 7/01/14 Agreed Medical Examination (AME) by [REDACTED] this patient complains of "constant, dull ache, particularly made worse with activities of a weight bearing nature" through the knee joint. This patient "does tend to limp because of the problem in the left knee and he has a (self-procured) cane and/or knee support as needed." This patient still has "popping in the knee and intermittent swelling." Work Status: Patient is "receiving TTD benefits." Current medications include: Norco, Voltaren, and Gabapentin. The 7/01/14 cervical spine x-rays show "degenerative disc disease, particularly at C4-5 and 5-6," though not excessive given this patient's age. X-rays of the knees show "some demineralization of the proximal tibia on the left as compared to the right." Exam of cervical spine shows: decreased cervical lordosis, absent spasm and increased muscle tonus with "tenderness on palpation of the paravertebral muscles in the upper trapezius at C5-6 and C6-7 on the left." Cervical spine range of motion: hyperextension 10, forward flexion 60, right lateral flexion 65, left lateral flexion 45 with right and left rotation 60/20 and there is "full range of motion of the shoulders with neck pain." Exam of the knees show "tenderness to palpation of the posterior medial collateral ligament." This patient has minimal crepitation and slight weakness present on the left. "Diagnoses: lumbar sprain; sciatica; strained knee; low back pain and cervical pain is now added." The utilization review being challenged is dated 9/29/14. The request is for Norco 10/325 mg 1 tab p.o. TID #90. The request was denied due to the lack of documentation regarding efficacy, monitoring or risk assessment. The requesting provider is [REDACTED] and no progress reports were submitted except for the 7/01/14 Agreed Medical Examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab p.o. TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89; 76-78.

Decision rationale: This patient presents with cervical and low back pain and "constant, dull ache" exacerbated with weight-bearing activities in his knees. MTUS guidelines pages 88 and 89 state, "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 four As (analgesia, ADLs, adverse side effects, and adverse 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. The 7/01/14 report references Fremont Urgent Care records, wherein the patient "Norco was refilled" for the 11/19/13 injury. Then on 1/03/14, patient was taking Ibuprofen and Tylenol #3. On 1/15/14, Soma was refilled. Also per 7/01/14 current medications for this patient include: Norco, Voltaren, and Gabapentin. Review of submitted documents indicates the absence of documentation of supporting the use of numerical scale or validated instrument for assessment. There is also a lack of documentation of the four as regarding pain and function, in spite of the risk of opioid dependence and tolerance. Given the lack of discussion to taper this patient's use of Norco, and documentation about monitoring or risk assessment and efficacy, the recommendation is for denial.