MAXIMUS Federal Services

Case Number:	CM14-0020283		
Date Assigned:	04/25/2014	Date of Injury:	09/18/2013
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 and is licensed to practice in Texas. 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 injured worker is a 60 year old male with a reported injury date on 09/18/2013. The clinical note dated 04/21/2014 noted that the injured worker had complaints that included increased pain to the left knee that was rated at 6-7/10 with medication and 10/10 without medication. It was noted that the injured worker expressed a 40% improvement in pain and 30% improvement in function with medication use. Objective findings included tenderness along the medial and lateral joint line and patellofemoral area. Additional findings included intact sensory exam, normal motor testing, and normal and symmetrical reflex testing. It was noted that the injured worker has been prescribed Norco 10/325mg since at least 12/19/2013 and that the injured worker has remained in compliance of the pain medication agreement to include urine drug screens. The request for authorization for Norco 10/325 was submitted on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG 1-2 TID #90 WITH 1 REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines state that short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The MTUS Chronic Pain Guidelines also state that on-going management of pain relief with opioids must include ongoing review and documentation of adequate pain relief, functional status, appropriate medication use, and side effects. The provider indicated the injured worker reported pain rated at 6-7/10 with medication and 10/10 without medication. It was noted that the injured worker expressed a 40% improvement in pain and 30% improvement in function with medication use. The provider indicated the injured worker had significant difficulty with any type of ambulation without the use of the medication; with the medication, the injured worker was able to walk about his home and perform activities of daily living. Additionally, the injured worker showed no evidence of drug seeking behavior and a urine drug screen performed on 12/19/2013 was congruent with the injured worker's medication regimen. Furthermore, based on the fact that this injured worker has chronic pain; routine monthly doctor visits specifically for medication refills would be excessive. Thus, given the documentation indicating improved functionality and decreased pain with the medication use and compliance of the pain medication agreement, this request would be supported. As such, the request is medically necessary and appropriate.