

Case Number:	CM14-0036280		
Date Assigned:	06/25/2014	Date of Injury:	09/11/2004
Decision Date:	11/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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, 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 injured worker is a 39-year-old female with an injury date of 09/11/04. Based on the 02/21/14 progress report provided by [REDACTED], the injured worker complains of low back pain and bilateral knee pain. Physical examination of the lumbar spine revealed tenderness to palpation to bilateral paravertebral muscles and right SI joint. Range of motion was decreased, especially on extension 10. Positive Kemp's and Fabere on the right. Examination of the knees revealed tenderness to palpation, right greater than left, and crepitus. Progress report dated 10/04/13 states Norco is prescribed for chronic pain syndrome and Colace is prescribed for constipation. Flector patches are also included in prescriptions. Diagnosis 02/21/14- Status post left knee reconstruction x3, 03/17/05, 11/30/06, 10/24/12- left knee 30% ACL tear- right knee patellofemoral arthroscopy- joint effusion, no meniscal tear MRI 09/20/13 The utilization review determination being challenged is dated 03/18/14. The rationale follows: 1) Norco 10/325mg #120: "MTUS referenced only" 2) Colace: "MTUS referenced only" 3) Flector patch 1.3%: "MTUS referenced only" [REDACTED] is the requesting provider and he provided treatment reports from 10/04/13 - 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

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

Decision rationale: The request is for Norco 10/325mg #120. Her diagnosis dated 02/21/14 included left knee 30% ACL tear and right knee patellofemoral arthroscopy. Progress report dated 10/04/13 states Norco is prescribed for chronic pain syndrome and Colace is prescribed for constipation. Flector patches are also included in her prescription. 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 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. In this case, treating physician has provided a prescription list requesting authorization in progress report. He does not state how Norco reduces pain and significantly improves injured worker's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request for Norco 10/325 mg #120 is not medically necessary.

Colace: Overturned

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 Page(s): 77.

Decision rationale: The request is for Colace. Her diagnosis dated 02/21/14 included left knee 30% ACL tear and right knee patellofemoral arthroscopy. Progress report dated 10/04/13 states Norco is prescribed for chronic pain syndrome and Colace is prescribed for constipation. Flector patches are also included in her prescription. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." In this case, medical records indicate this injured worker has been taking Norco at least since 10/04/13. The MTUS recognizes constipation as a common side effect of chronic opiate use. The request for Colace is medically necessary.

Flector Patch 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request is for Flector patch 1.3%. Her diagnosis dated 02/21/14 included left knee 30% ACL tear and right knee patellofemoral arthroscopy. Progress report dated 10/04/13 states Norco is prescribed for chronic pain syndrome and Colace is prescribed for constipation. Flector patches are also included in her prescription. Regarding topical NSAIDs, MTUS Topical Analgesics, states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." This injured worker presents with severe bilateral knee symptoms for which a topical NSAID is indicated. However, the treating physician does not state how this product is helping the injured worker's pain and improving function. Furthermore, the MTUS only supports a short-term use (4-12 weeks) and per utilization review letter (3/18/14), the injured worker has been on this topical for 5 months or so. The request for Flector Patch 1.3% is not medically necessary.