

Case Number:	CM14-0039202		
Date Assigned:	06/27/2014	Date of Injury:	08/10/2011
Decision Date:	07/31/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 Practice and is licensed to practice in Georgia and 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 44-year-old female with a reported date of injury on 08/10/2011. The injury reportedly occurred when the injured worker accidentally stepped on a piece of rice tortilla causing her to fall with her legs split. Her diagnoses were noted to include left knee pain secondary to work injury status post arthroscopic surgery, left knee pes anserine bursitis, right shoulder pain, headaches, sleeping issues, internal derangement of left knee, right wrist sprain/strain, right medial/lateral epicondylitis, and stomach pain. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 01/16/2014 reported the injured worker complained of pain. The physical examination of the bilateral knees revealed effusion, decreased muscle strength, tenderness over the left medial patella, active extensions of the knee, left tenderness over the medial joint line and positive McMurray's. The range of motion was diminished with flexion. The Request for Authorization Form dated 01/25/2014 was for Norco 10/325 mg 1 tablet twice daily as needed for breakthrough pain #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page 78 Page(s): 78.

Decision rationale: The injured worker has been taking this medication since 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numeric scale with the utilization of this medication, improved functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.