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| Case Number: | CM14-0045520 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 09/08/2003 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old male who reported an injury on 09/08/2003. The mechanism of injury was the injured worker was standing on a foot scaffold when he fell onto his left knee. The injured worker underwent a partial arthroscopic medial and lateral meniscectomy on 05/22/2004. The injured worker had an MRI and x-rays. The injured worker received a total knee arthroplasty on the left knee on 04/21/2005. The injured worker had shoulder surgeries. The injured worker's medication history included opioids as early as 2011. The injured worker was treated with physical therapy, epidural steroid injections, medial branch blocks, and radiofrequency ablation. The documentation of 03/10/2014 revealed the injured worker had a lower backache and left knee pain. The pain had increased since the last visit. The injured worker indicated he had not been taking his medication as prescribed and the visit was noted to be 1 week early for a 4 week followup. The injured worker admitted to taking more medication due to increased low back pain times 2 weeks. The injured worker denied new injuries. The injured worker indicated the increased pain was related to lifting and carrying new puppies at the house. The injured worker had undergone multiple urine drug screens. The injured worker had tenderness to palpation over the left lateral joint line and medial joint line of the knee. The McMurray's test was positive. The injured worker had hypertonicity bilaterally on palpation of the paravertebral muscles of the lumbar spine. The lumbar facet loading was positive bilaterally. The diagnoses included lumbar radiculopathy, spinal and lumbar degenerative disc disease, and disc disorder (lumbar). The treatment plan included Norco #15 and MS Contin 60 mg twice a day for pain control this 1 time. Additionally, it was documented the injured worker had a CURES that was appropriate on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least greater than 3 years. The clinical documentation indicated the injured worker's pain was reduced from 8/10 to 1/10 and the injured worker was able to complete ADLs independently and house projects like putting up cabinets, doing floor, walking his dog, and mowing the law comfortably. The injured worker was being monitored through CURES reporting and urine drug screens. There was lack of documentation indicating if the injured worker had side effects. This request would be supported given the major components of the documentation had been met. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10-325mg #14 is not medically necessary.