

Case Number:	CM14-0049659		
Date Assigned:	07/07/2014	Date of Injury:	08/11/2003
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 45-year-old male with on 8/11/03 date of injury, status post right knee arthroscopy 5/25/10, and status post two left knee arthroscopic surgeries 3/9/99 and 11/25/03. At the time (3/3/14) of request for authorization for Norco 10/325 MG and Urine drug screen, there is documentation of subjective (bilateral knee pain with popping, clicking and weakness secondary to flare up and complaints involving right elbow and right wrist) and objective (antalgic gait favoring left knee, patellofemoral crepitus present, right knee range of motion 0 to 100 degrees, left knee range of motion 0 to 110 degrees, and 4+/5 passive range of motion upon flexion and extension) findings, current diagnoses (status post right knee arthroscopy with degenerative changes, per x-rays dated December 20, 2011 with patellofemoral arthralgia), and treatment to date (medications (including ongoing treatment with Norco with decreased pain, ability to perform activities of daily living, to work, and improved participation in therapy program)). Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-80 Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post right knee arthroscopy with degenerative changes with patellofemoral arthralgia. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation of decrease in pain and ability to perform activities of daily living, to work, and improved participation in therapy program with Norco, there is documentation of functional benefit and improvement as a reduction in work restrictions and an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 MG is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of a diagnosis of status post right knee arthroscopy with degenerative changes, per x-rays dated December 20, 20011 with patellofemoral arthralgia. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine drug screen is not medically necessary.

