

Case Number:	CM14-0053439		
Date Assigned:	07/07/2014	Date of Injury:	04/28/1999
Decision Date:	09/10/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 & Rehabilitation, 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 67-year-old female with a reported date of injury on 04/28/1999. The mechanism of injury was noted to be from a fall. Her diagnoses were noted include bilateral knee pain, osteoarthritis, depression, chronic pain, carpal tunnel syndrome bilaterally, status post carpal tunnel release bilaterally, status post bilateral knee surgery and myalgia/myositis. Her previous treatments were noted to include medications, physical therapy, deep tissue massage, transcutaneous electrical nerve stimulation (TENS) unit and left knee cortisone injection. The progress note dated 05/23/2014, revealed the injured worker complained of bilateral upper extremity pain to the hands and wrists. The injured worker complained of lower extremity pain in the bilateral knees. The injured worker rated her pain as 9/10 with medications and 10/10 without medications. The injured worker reported chronic gastrointestinal upset and constipation. The injured worker revealed activities of daily living limitations in regard to self-care and hygiene, activity, ambulation, hand function, sleep and sex. The injured worker indicated that the use of the H2 blocker, muscle relaxant, NSAID, opioid pain medication and physical therapy were helpful. The physical examination revealed tenderness to the bilateral knees with moderate swelling. The range of motion to the bilateral knees was decreased due to pain and the motor examination showed decreased strength. The provider indicated the injured worker had developed opiate tolerance due to long term opiate use. The Request for Authorization form dated 03/18/2014 was for Norco 5/325 mg every 8 hours #90 for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Norco 5-325mg, 1 q.8.h. (every 8 hours), #90: Upheld

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

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

Decision rationale: The request for Norco 5/325 mg 1 every 8 hours #90 is not medically necessary. The injured worker has been utilizing the medication since at least 01/2012. 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 the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated with pain medication her pain relief was 9/10 and without medications it was rated 10/10. The injured worker indicated that the opioid medication was helpful. The injured worker reported gastrointestinal upset and constipation. The provider indicated the injured worker was performing random urine drug screenings, however, there is lack of documentation regarding when the last test was performed and whether it was consistent. Therefore, due to the lack of documentation regarding significant pain relief, improved functional status, complaints of side effects and without details regarding urine drug testing and when the last test was performed, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.