MAXIMUS Federal Services

Case Number:	CM14-0070559		
Date Assigned:	07/14/2014	Date of Injury:	11/04/1995
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 52-year-old male with a reported date of injury on 04/04/1996. The mechanism of injury was from a fall from 40 foot scaffolding. His diagnoses were noted to include status postoperative arthroscopy to the right knee for internal derangement, history of low back and left knee pain. His previous treatments were noted to include surgery and medications. The progress note dated 04/03/2014 revealed the injured worker complained of right knee pain that had increased since his last visit. The injured worker indicated no new problems or side effects; however, his quality of sleep was poor. The injured worker indicated that he had not been trying any other therapies for pain relief and his activity level had decreased. The injured worker revealed he had been taking his medications as prescribed and that they were working well. No side effects were reported. The physical examination of the lumbar spine revealed range of motion restricted with flexion, limited by pain, and a positive lumbar facet loading and a positive straight leg raise test. The physical examination of the right knee revealed arthroscopic port sites that were clean, dry, and intact, and the range of motion was restricted, limited by pain. There was tenderness to palpation noted over the lateral joint line, medial joint line, and patella. There was a negative anterior drawer, Lachman, and negative pivot shift test. The patellar grind test was noted to be positive, as well as the McMurray's. The physical examination of the left knee revealed restricted range of motion with flexion and extension and tenderness to palpation over the lateral joint line, medial joint line, and patella. There was a positive McMurray's test noted. The motor examination revealed a decreased range of motion and the sensory examination was normal all over the body. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 #150 for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Formlulary.

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

Decision rationale: The injured worker has been utilizing this medication since at least 04/2013. 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 evidence of decreased pain on a numerical scale with the use of medications. There is a lack of improved functional status with regards to activities of daily living with the use of medications. The documentation provided indicated there were no side effects. The documentation provided indicated the most recent urine drug screen was 11/2013 which was consistent and appropriate. Therefore, despite evidence of consistent urine drug screens and lack of side effects, due to the lack of documentation regarding evidence of decreased pain and improved functional status with the use of medications, 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.