

Case Number:	CM14-0073028		
Date Assigned:	07/16/2014	Date of Injury:	07/27/2011
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 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:

Medical Records reflect the claimant is a 63 year old female with a work related injury on 7-27-11. On this date, the claimant was getting out of a defective chair, when she fell with the chair landing on top of her. The claimant has been accepted for soft tissue neck, left knee and head injury. The claimant has been treated with medications, physical therapy, and left knee surgery on 4-23-13 for complex tear of the posterior horn of the medial meniscus. The claimant was found to have a grade 4 chondral defect in the mid patella and grade 3 chondromalacia of the patella. The claimant was provided with a series of Synvisc injections. She was also provided with a functional restoration program and psychotherapy. The claimant ambulates with a cane. Medical Records reflect the claimant is moderately obese with reported unbearable knee pain. She ambulates with an antalgic gait. Knee exam on 5-5-14 notes the claimant has positive apprehension sign, and joint line tenderness. The claimant was provided with a prescription for Norco 10/325 # 60 and Ultracet 37.5/325 # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (7/18/09)Opioids Page(s): 91, 94, 74 - 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflects that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Medical Records reflect this claimant has unbearable pain. There is no documentation of functional improvement or tools used to monitor her appropriate use of medications. The claimant reports nausea with Norco and only slight improvement in her function with this medication. Furthermore, the claimant is being prescribed with Ultracet, which is another short acting opioid analgesic. Current treatment guidelines does not support the use of two short acting opioids. Therefore, the medical necessity of this request is not established.