

Case Number:	CM14-0082427		
Date Assigned:	07/21/2014	Date of Injury:	01/05/2009
Decision Date:	09/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 35-year-old male who reported an injury on 02/05/2009 due to a fall. The injured worker's diagnoses were status post right knee arthroscopic surgery and right knee pain secondary to internal derangement. The Injured worker's prior treatment included medication therapy. The injured worker's diagnostics was an magnetic resonance imaging (MRI) of the right knee dated 01/2009 which revealed complex tear of the medial meniscus and a vertical longitudinal tear of the lateral meniscus, a complete tear of the anterior cruciate ligament with chondral lesions at the patellar and medial femoral condyle. There was documentation of a diagnosis of status post right knee arthroscopic surgery with no documentation of date it occurred. The injured worker complained of right knee pain, indicated that the medication decreases his pain down to 1/10 to 2/10 and usually lasts about 5 to 6 hours with the onset of the medication usually being within a half of an hour. On physical examination dated 05/05/2014, there was a slight right knee extender lag noted. Right knee flexion is at 110 degrees. There was tenderness to palpation on the medial greater than lateral aspect. There was no evidence of gross ligamentous laxity. The injured worker's medications were Norco 10/325 mg, Neurontin 100 mg, Relafen 750 mg, BioFreeze topical gel, Cymbalta 60 mg and Docuprene. The rationale for the request was to allow for weaning off of Norco 10/325 mg. The Request for Authorization was not provided with documentation submitted for review. The provider's treatment plan was to continue on Norco, Relafen, Gabapentin, Docuprene, Cymbalta as well as BioFreeze. The requested treatment plan was for Norco 10/325 mg with refill to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed Norco 10/325mg #60 with one refill to allow for weaning off of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use; When to Discontinue Opioids, see Opioid hyperalgesia, Also see Weaning of Medications; Opioids for Chronic Pain Page(s): 91, 78, 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, weaning of medications is recommended for opioids at a slow taper. The longer the patient has taken opioids, the more difficult they are to taper. Gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The injured worker indicates that the Norco is effective and it can decrease his pain down to a 1/10 to 2/10 and pain relief usually lasts 5 to 6 hours. However, there was lack of documentation or a complete evaluation of treatments with comorbidities and psychological conditions as well as clear written instructions for the family and the patient. There is also lack of documentation as to the tapering schedule which should be individualized for each patient. There was a lack of rationale to supported the necessity of #120 to allow for weaning of the medication. The request as submitted failed to provide the frequency of the medication. As such, the request is not medically necessary and appropriate.