

Case Number:	CM14-0097423		
Date Assigned:	07/28/2014	Date of Injury:	01/05/2004
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 01/05/2004. The mechanism of injury was noted to be a slip and fall. The injured worker's diagnoses were noted to be cervical degenerative disc disease, cervical radiculopathy, and bilateral carpal tunnel syndrome. Prior treatments were medications. A clinical evaluation on 05/29/2014 noted subjective complaints of left knee locking up. She stated continued pain and discomfort. Her status is post knee replacement. The objective findings noted full range of motion, mild swelling, mild AP instability, and neurovascular status was intact. The treatment plan was a recommendation for Norco, quantity of 90 pills. The provider's rationale for the request was noted in the primary treatment plan of the clinical evaluation dated 05/29/2014. A Request for Authorization for Medical Treatment was provided on 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

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

Decision rationale: The request for Norco 10/325mg #90 with 2 refills is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since the 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. It is documented within the clinical review that the injured worker has used Norco for at least 1 year. The documentation fails to provide efficacy with long term use of Norco. It is not noted that side effects were addressed within the most recent clinical evaluation. It is not noted that there has been a recent urine drug screen. The documentation fails to indicate the injured worker having increased level of function or improved quality of life with use of Norco. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Norco 10/325mg #90 with 2 refills is not medically necessary.