

Case Number:	CM14-0099724		
Date Assigned:	07/28/2014	Date of Injury:	06/19/2009
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 a 48-year-old male who reported an injury on 06/19/2009. The mechanism of injury was not provided in the medical records. The injured worker was diagnosed with knee sprain/strain, Osteoarthritis, unspecified whether generalized or localized, lower leg, and sprain of lumbar. The injured worker had complaints of right knee pain and bilateral low back pain. The injured worker reported a pain level of 7/10. Exacerbating factors included prolonged standing, prolonged walking, bending at the knees, crawling, and kneeling. Current medications included Cymbalta 30 mg at bedtime, ibuprofen 800 mg 3 times a day, Norco 10/325 mg 3 times a day as needed, and Pennsaid. Past surgical history included right knee surgery in 2/2010 and right knee ACL repair surgery in 2/2010. The injured worker was noted to have right knee "locking and catching." There was tenderness upon palpation of the right knee. Lumbar, hip, and right knee ranges of motion were restricted by pain in all directions. Lumbar, hip, and right knee provocative maneuvers were positive. Muscle stretch reflexes were 1 and symmetric bilaterally in the lower extremities. Clonus, Babinski's, and Hoffmann's signs were absent bilaterally. Muscle strength was noted to be 5/5 to the bilateral lower extremities. The injured worker's Norco 10/325 mg 3 times a day was noted to be medically necessary to treat the injured worker's right knee internal derangement pain and lumbar spine pain. Without this medication, the injured worker's pain level was 10/10 and with this medication the injured worker's pain was 4/10. Without this medication, the injured worker would be confined to his bed/chair and unable to perform house chores and daily self hygiene. With this medication, the injured worker was able to perform house chores, such as cooking and cleaning, perform self hygiene, walk for 10 minutes at a time, and bicycle 15 minutes at a time. The use of Norco decreased the injured worker's pain 60% with 60% improvement of the injured worker's activities of daily living, such

as, self care and dressing. The injured worker was on an up to date pain contract and the injured worker's previous urine drug screen was consistent. The medication had no adverse effects on the injured worker and showed no aberrant behavior with the use of the requested medication. Diagnostic studies were not included in the medical records. A request for Norco 10/325 mg #90 had been made on 07/28/2014. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

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

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The injured worker was noted to have a pain level of 10/10 without his medication and 4/10 with his medication. He was up to date with a pain contract and consistent with the previous urine drug screen. He had no adverse effects and showed no aberrant behavior with the use of the requested medication. Therefore, the request is supported. Given the above, the request for Norco 10/325 mg #90 is certified.