MAXIMUS Federal Services

Case Number:	CM14-0186958		
Date Assigned:	11/17/2014	Date of Injury:	06/03/2011
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Interventional Spine 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 patient is a 54 year old male with an injury date of 06/03/11. Based on 10/08/14 progress report, the patient complains of low back pain traveling to mid back along with left knee pain. The pain is rated at 10/10 without medications and 2/10 with medications. Physical examination reveals tenderness to palpation in paraspinals. Forward flexion is 65, extension is 25, right lateral bend is 25 degrees, and left lateral bend is 20 degrees. Heel walking is abnormal on both sides. Physical examination, as per 08/04/14, shows tenderness in lumbar spine along with reduced range of motion. Bilateral knees are tender as well, and McMurray's test is positive. The patient underwent three unsuccessful Epidural injections, as per progress report dated 10/08/14. Medications include Norco and Ambien, as per the same progress report. The patient also relies on home exercise program, stretches and moist heat to manage pain. He underwent four sessions of physical therapy with no benefit, as per QME evaluation dated 05/15/14. The patient is stationary and permanent, as per progress report dated 08/04/14. MRI of the Right Knee, 07/19/12, as per QME report dated 05/15/14:- Medial meniscus tear.- Small mild to moderate effusion.- Small Baker's cyst.- Mild narrowing of the medial compartment with cartilage irregularity.MRI of the Left Knee.07/19/14, as per QME report dated 05/15/14:- Horizontal tears of the posterior horn of the medial meniscus extending to the apex.- Subluxation of the torn mid portion of the medial meniscus with broad intrameniscal signal extending to the inferior articular surface.- Subchondral sclerosis/ marrow edema.X-ray of the Right Knee, 07/19/12, as per QME report dated 05/15/14:- Mild spurring in the medial compartment and quadriceps tendon patellar attachment.- Mild narrowing of the medial and probably lateral compartments.X-ray of the Left Knee, 07/19/12, as per QME report dated 05/15/14:- Osteoarthritic changes in the medial compartment and off the quadriceps tendon patellar attachment.Diagnosis, 08/04/14- Lumbar

IVD displacement.- Neuritis/radiculitis, lumbosacral.- Internal derangement - knee.The treater is requesting for Norco 10-325 mg tablet # 120; one by mouth every six to eight hours PRN pain. The utilization review determination being challenged is dated 10/24/14. The rationale was "there is no reason to increase the dose of Norco from 5 to 10 mg as the pain seems to be controlled at 2/10 on the current regimen." Treatment reports were provided from 05/15/14 - 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg tablet #120; one by mouth every 6-8 hours PRN pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 78.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, Norco prescription was first seen in progress report dated 06/04/14. It was also prescribed on 07/30/14 and 10/08/14. In the latest progress report dated 10/08/14, the treater says that the medication helps lower pain from 10/10 to 2/10. The treater also states that "the medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises." Additionally, the report reveals that no side effects were associated with medications. In the same report the treater also says that the "UDS and CURES reports are appropriate." UDS report dated 06/04/14 shows consistent results. The progress reports address the four A's, analgesia, specific ADL's, adverse reactions, and aberrant behavior, effectively. The request is medically necessary.