MAXIMUS Federal Services

Case Number:	CM14-0189605		
Date Assigned:	11/20/2014	Date of Injury:	12/12/2012
Decision Date:	01/08/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/12/2014

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 41 year old with an injury date on 12/12/12. The patient complains of bilateral knee pain, right knee rated 8/10, and left knee rated 6/10 with "achy feelings" in the legs per the 10/1/14 report. The patient states the knee pain is worsening, and has noted a 50% loss of range of motion of her knees per 9/3/14 report. The patient complains of swelling of right and left knees, and wants to continue with conservative treatments before trying any invasive measures per 8/4/14 report. Based on the 10/1/14 progress report provided by the treating physician, the diagnosis is patella chondromalacia. Exam on 10/1/14 showed "range of motion slightly reduced bilaterally, at 120 degrees." The patient's treatment history includes work restrictions, acupuncture (6 sessions, which decreased pain level), knee brace, and medications (Fenoprofen, Prilosec, Ketoprofen Cream) The treating physician is requesting 3 Norco APA 2.5/325mg #30 BID refills: 3 related to bilateral knee symptoms. The utilization review determination being challenged is dated 10/9/14. The requesting physician provided treatment reports from 5/21/14 to 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Norco APA 2.5/325mg # 30 BID refills: 3, related to bilateral knee symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60,61; 88-89; 76-78.

Decision rationale: In this case, the physician does not indicate a decrease in pain with current medications which include Norco. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. The review of reports does show that the patient is being tapered off of Norco, starting with 10/325 #60, now down to 2.5/325 #30. However, there is no explanation as to why the request is for 3 refills. The patient is down to a very low dose, and if the weaning was the purpose, it would not need 3 refills. Given the lack of sufficient documentation regarding chronic opiates management as required by the MTUS, and the fact that the patient is already on a very low dose, 3 refills of this medication is not medically necessary.