

Case Number:	CM14-0191310		
Date Assigned:	11/25/2014	Date of Injury:	11/10/2008
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine, 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:

Injured worker is a male with date of injury 11/10/2008. Per pain management follow up note dated 10/29/2014, the injured worker complains of right knee pain rated at 3/10. The pain is characterized as aching, sore and numb. The pain radiates to the right hip. He states that medications are less effective. He tolerates the medications well. He shows no evidence of developing medication dependency. He is only taking hydrocodone 2-3 per week. On examination he has a normal gait without use of a device. Right knee range of motion is restricted with flexion limited to 100 degrees limited by pain and extension limited to 150 degrees limited by pain. There is tenderness to palpation over the lateral joint line and medial joint line. Power of the knee flexors are 4/5 on the right and 5/5 on the left, and knee extensors are 4/5 on the right and 5/5 on the left. Diagnosis is 1) arthropathy NOS of lower leg 2) lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tab for Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is status post knee surgery, and is currently reporting 3/10 pain. He states that the hydrocodone is less helpful, and he is only taking 2-3 tablets per week. The dose that he has been taking is 2.5 mg of hydrocodone, and this request is to change the dosing to 10 mg. With such low pain and infrequent use of low dose hydrocodone, medical necessity of increasing dosing to 10 mg has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg tab for Qty: 30 are not medically necessary.