

Case Number:	CM14-0192269		
Date Assigned:	11/25/2014	Date of Injury:	03/25/2009
Decision Date:	04/16/2015	UR Denial Date:	10/30/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female with an industrial injury date 03/25/2009. The mechanism of injury is not documented. She presented on 10/21/2014 post left total knee replacement and was feeling better. She states she fell in therapy in February 2014 and injured her low back. She was seen by spine surgeon. Prior treatment includes MRI of lumbar spine, physical therapy and medications. Diagnosis was low back strain and status post left total knee replacement. On 10/30/2014 the request for Norco 7.5/325 mg # 60 was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use, Weaning of medications Page(s): (s) 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 10/21/14 progress report provided by treating physician, the patient presents with back and knee pain. The request is for NORCO 7.5/325MG QUANTITY 60. Patient is status post left total knee arthroplasty, 10/14/13, per treater report dated 06/13/14. Patient's diagnosis per Request for Authorization form dated 10/27/14 included lumbar sprain. Patient had 9 sessions of physical therapy, per PT note dated 11/10/14. Patient's medications include Norco, Naproxen, Prilosec and Lidoderm. The patient has reached maximum medical benefit, per treater report dated 10/21/14. 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. Norco was included in patient's medications, per treater reports dated 08/26/14 and 10/21/14. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDSs, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.