

Case Number:	CM14-0192564		
Date Assigned:	11/26/2014	Date of Injury:	11/03/2012
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family 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:

This is a 48years female patient who sustained an injury on 11/03/2012. She has history of fall on 8/17/14 and involved in motor vehicle accident on 8/28/14. The current diagnosis includes status post left knee arthroscopic surgery, right knee pain and gastric upset. Per the doctor's note dated 10/10/14, she had complaints of bilateral knee pain. The physical examination revealed diffuse swelling of the left knee, tenderness medially and laterally, increased pain with McMurray's, positive patellofemoral compression, grind and crepitus and uses a cane with a limp. The medications list includes Norco. She had undergone left knee arthroscopic surgery on 9/18/13. She has had home EMS and pool therapy visits for this injury. Per the records provided she has had urine drug screen report on 5/16/14 with normal findings. This urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 12/31/14) ,Opioids, criteria for use.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 prescription for Norco 10/325mg #60 is not established for this patient.

1 random urine sample: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine drug testing (UDT), Criteria for Use of Urine Drug Testing.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the cited guidelines, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." The current medications list includes Norco. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. Evidence that this patient is at higher risk for aberrant behavior, to necessitate more frequent urine drug testing than once a year, is not specified in the records provided. In addition, per the records provided she has had urine drug screen report on 5/16/14 with normal findings. This urine drug screen report is not specified in the records provided. The medical necessity of 1 random urine sample is not established for this patient at that juncture.

