

Case Number:	CM14-0195348		
Date Assigned:	12/03/2014	Date of Injury:	07/16/2008
Decision Date:	01/20/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine, has a subspecialty in Health Promotion Model and is licensed to practice in Pennsylvania. 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 injured worker is a 60-year-old gentleman with a date of injury of 07/16/2008. An AME report dated 07/16/2014 identified the mechanism of injury as a slip, resulting in pain in the right elbow and right knee. This AME report and a treating physician note dated 06/04/2014 indicated the worker was experiencing lower back pain, right knee painful swelling and stiffness, painful tingling and/or numbness at the bottoms of both feet, pain and anxiety with decreasing hydrocodone with acetaminophen (a short-acting opioid pain medication), and stomach pains with taking another pain medication. A treating physician note dated 08/11/2014 was also reviewed but did not contain an evaluation or examination for the worker. These were the most recent clinical documentation submitted for review. Documented examinations described a painful walking pattern, obesity, and anxiety; no other abnormal findings were recorded. The submitted and reviewed documentation concluded the worker was suffering from right knee internal derangement after meniscal repairs, right leg varicosities, and lower back pain. Treatment recommendations included continued oral pain medications, a functional restoration program, and follow up care. The above AME report recommended non-steroidal anti-inflammatory and over-the-counter pain relief medications, physical therapy (or acupuncture or chiropractic care) with symptom flares, right knee surgery, and follow up care. A Utilization Review decision was rendered on 11/17/2014 recommending non-certification for seventy-five tablets of Norco (hydrocodone with acetaminophen) 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablet 10/325mg #90: Upheld

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

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

Decision rationale: The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain, right knee painful swelling and stiffness, painful tingling and/or numbness at the bottoms of both feet, pain and anxiety with decreasing hydrocodone with acetaminophen (a short-acting opioid pain medication), and stomach pains with taking another pain medication. Pain assessments documented in the treating physician notes contained few of the elements recommended by the Guidelines. While decreasing the frequency of this short-acting medication resulted in the worker experiencing increased pain and anxiety, no objective evidence of increased pain intensity or decreased function was recorded. In the absence of such evidence, the current request for seventy-five tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. Norco tablet 10/325mg #90 is not medically necessary.