

Case Number:	CM14-0198313		
Date Assigned:	12/08/2014	Date of Injury:	10/28/2010
Decision Date:	01/22/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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 Practice, 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 58 years old female patient who sustained an injury on 10/28/2010. She sustained the injury when a pallet broke and a stack of magazines (or plastic totes per one report) fell from approximately six feet onto the top of her head, and she sustained a ground fall and struck her head. The current diagnoses include left knee tom medial and lateral meniscus and grade III chondromalacia, status post left knee surgery, thoracic spine strain with pre-existing scoliosis, L4-5 spondylolisthesis, lumbar disc herniations with radicular complaints, bilateral L5 radiculopathy and polyneuropathy and cervical spine disc herniations with neuroforaminal stenosis. Per the doctor's note dated 11/18/14, she had complain of significant left knee pain worse with weight-bearing and the left thigh pain. The physical examination revealed markedly antalgic gait, left knee range of motion 0 - 90 degrees; medial and lateral joint line tenderness, significant pain with McMurray's maneuver, lower back pain with range of motion testing of the left hip, painful lumbar range of motion- flexion 45 extension 0 degree. The medications list includes Norco. She has had weight-bearing x-ray of the left knee dated 11/18/14 which revealed medial joint line narrowed to 1 mm; EMG which revealed bilateral chronic L5 radiculopathy; left knee MRI dated 1/25/13 which revealed medial and lateral meniscal tearing. She had undergone a left knee arthroscopy with partial medial and lateral meniscectomy, tricompartmental synovectomy and chondroplasty on 8/29/13; breast implants in 2007, gastric bypass in 2006 and hysterectomy in 1998. She has had an L4-5 Translaminar Epidural Steroid Injection (date and result unknown), left knee Synvisc injections and cognitive behavioral therapy. She has had urine drug screen on 9/5/14 which was consistent for Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg PRN #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76.

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 nonopioid 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 did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg PRN #150 is not medically necessary for this patient.