

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0199036 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 06/08/2012 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Physical Medicine Rehab, 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 31 year-old patient sustained an injury on 6/8/12. Request(s) under consideration include 240 Norco 10/325mg. Diagnoses include s/p right anterior cruciate ligament (ACL) and medial meniscus repair on 10/17/14; chronic pain and opioid dependency with outpatient detox of Suboxone; and lumbar radiculopathy s/p laminectomy surgery in 2013. Conservative care has included medications, therapy, transcutaneous electrical nerve stimulator (TENS) unit, chiropractic treatment, and modified activities/rest. Electrodiagnostic testing of 7/25/12 showed normal findings. Chest CT scan along with CT of the cervical spine and head of 6/8/12 was unremarkable. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted the patient with unchanged pain complaints to the low back and right knee with symptoms of anxiety and insomnia. Medications list Prilosec, Norco, Anaprox, Cyclobenzaprine, Sumatriptan, Ondansetron, Medrox, and Oxycontin. Exam showed unchanged findings of right knee tenderness; swelling; restricted range; lumbar spine with myofascial pain and trigger points with treatment plan for continued medications. The request(s) for 240 Norco 10/325mg was modified on 11/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This 31 year-old patient sustained an injury on 6/8/12. Request(s) under consideration include 240 Norco 10/325mg. Diagnoses include s/p right ACL and medial meniscus repair on 10/17/14; chronic pain and opioid dependency with outpatient detox of Suboxone; and lumbar radiculopathy s/p laminectomy surgery in 2013. Conservative care has included medications, therapy, TENS unit, chiropractic treatment, and modified activities/rest. Electrodiagnostic testing of 7/25/12 showed normal findings. Chest CT scan along with CT of the cervical spine and Head of 6/8/12 was unremarkable. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted the patient with unchanged pain complaints to the low back and right knee with symptoms of anxiety and insomnia. Medications list Prilosec, Norco, Anaprox, Cyclobenzaprine, Sumatriptan, Ondansetron, Medrox, and Oxycontin. Exam showed unchanged findings of right knee tenderness; swelling; restricted range; lumbar spine with myofascial pain and trigger points with treatment plan for continued medications. The request(s) for 240 Norco 10/325mg was modified on 11/10/14 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 240 Norco 10/325mg is not medically necessary and appropriate.