

Case Number:	CM14-0200459		
Date Assigned:	12/10/2014	Date of Injury:	06/08/2011
Decision Date:	01/28/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	12/01/2014

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 Nephrology 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 47-year-old male with a 6/8/11 date of injury. The injury occurred when he was lifting a beam and his foot went into a hole and he twisted his body, but not the foot. According to a progress report dated 12/1/14, the patient continued to complain of constant left knee > left hip pain. He continued to take Norco 3 times/day as needed for severe pain. He admitted to increased mood swings, depression, and anxiety due to chronic pain and inability to return to his previous employment. Objective findings: left antalgic gait, positive crepitus of left knee with no clicking or locking, mild effusion in left knee, tenderness over the lateral epicondyle and fibular head. Diagnostic impression: enthesopathy of knee, knee sprain, knee pain, shoulder pain, chronic pain syndrome. Treatment to date: medication management, activity modification, and home exercise program. A UR decision dated 11/1/14 modified a request for Norco 10/325mg from 90 tablets to 42 tablets and another request for Norco 10/325mg from 90 tablets to 17 tablets for weaning purposes. Weaning was begun on 3/18/14. As the original amount of Norco requested was #120 and the last amount certified was #90, the amount requested will reflect a 10% weekly reduction in dosage. The last amount certified in this request was 42 tablets, after this, there should be a 5% reduction until off opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the UR decision dated 11/1/14 modified this request to certify 42 tablets for weaning purposes. Therefore, the request for Norco 10/325 mg, #90 is not medically necessary.

One prescription of Norco 10/325 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the UR decision dated 11/1/14 modified this request to certify 17 tablets for additional weaning purposes. Therefore, the request for Norco 10/325 mg, #90 is not medically necessary.