MAXIMUS Federal Services

Case Number:	CM14-0201103		
Date Assigned:	12/11/2014	Date of Injury:	05/16/2005
Decision Date:	01/30/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 59-year-old woman who sustained a work related injury on May 16, 2005. Subsequently, she developed bilateral knee pain. According to a progress report dated November 7, 2014, the patient continued to experience ongoing pain to both knees, left worse than right, as well as both ankles, left worse than right. In the past, she has undergone injections for exacerbations, which helped to reduce her pain temporarily. However, due to an increase in pain and difficulty with her knee, which became extremely painful and swollen, she was requesting to undergo an evaluation for a total knee replacement. Examination of both knees revealed range of motion to be normal at 0-110. There was crepitation on range of motion and pain to palpation of the medial and lateral joint lines to the left knee and to the medial and posterior joint line. There was negative instability to both knees, with positive Mcmurray's to the lateral aspect on the right and medial aspect on the left. Examination of the left ankle revealed range of motion to inversion and eversion, plantar flexion and dorsiflexion to be normal. There was pain to palpation of the anterior ankle joint and below the lateral malleolus with no swelling in this area. The patient was diagnosed with degenerative joint disease and osteoarthritis of the left knee, status post left knee arthroscopy, degenerative joint disease and osteoarthritis of the right knee, subchondral edema to the left ankle with ganglion cyst. The provider requested authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: 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): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:"(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg #120 is not medically necessary.