

Case Number:	CM14-0201841		
Date Assigned:	12/12/2014	Date of Injury:	12/03/2012
Decision Date:	01/28/2015	UR Denial Date:	11/21/2014
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 Occupational Medicine 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:

Injured worker is a male with date of injury 12/3/2012. Per primary treating physician's progress report dated 11/5/2014, the injured worker reports he underwent his third Synvisc injection yesterday and that it is too early to tell whether this has helped or not. His medication does keep his pain at a manageable level, usually around 4-5/10. With medications he is able to conduct his self-care task as well as his activities of daily living. There are no aberrant behaviors. He last had a urine drug screen in August which was consistent. His medications include Norco 10/325 mg, Norco 5/325 mg, and ibuprofen 800 mg daily. He has a signed opioid agreement in chart. On examination there is slight swelling noted on the right knee but no erythema. He is ambulating with the use of a single point cane. Diagnosis is right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), and Opioids Page(s): 78-80, 91,.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is reported to have manageable pain and is able to do self-care with the use of medications. There is no report of his pain or level of function without medications, so it is not possible to determine from the clinical notes the efficacy of opioid pain medications. Medical necessity for chronic use of opioid pain medications has not been established within the recommendations of the MTUS Guidelines. The request for RETRO Norco 5/325mg #30 is determined to not be medically necessary.

RETRO Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of non-steroidal anti-inflammatory drugs (NSAIDs) is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for RETRO Ibuprofen 800mg #60 is determined to not be medically necessary.

RETRO Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), and Opioids Page(s): 78-80, 91,.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is reported to have manageable pain and is able to do self-care with the

use of medications. There is no report of his pain or level of function without medications, so it is not possible to determine from the clinical notes the efficacy of opioid pain medications. Medical necessity for chronic use of opioid pain medications has not been established within the recommendations of the MTUS Guidelines. The request for RETRO Norco 10/325mg #60 is determined to not be medically necessary.