

Case Number:	CM14-0202340		
Date Assigned:	12/12/2014	Date of Injury:	09/01/2008
Decision Date:	02/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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 50-year-old man who sustained a work-related injury on September 1, 2008. Subsequently, the patient developed chronic right knee and ankle pain. According to the progress report dated September 29, 2014, the patient stated he is in constant pain with his right knee and ankle. He rated his pain level as a 10/10 without medication and 4/10 with medication. He stated he can not function without pain medication. A progress report dated November 3, 2014 documented the patient was not happy with his knee replacement. He was still complaining of right knee pain and reported right ankle pain at 6/10. Examination of the right knee exam revealed full active range. Stability tests revealed valgus laxity. There was peripatellar swelling about the knee. There was no allodynia to light touch or summation to pinprick. Right ankle exam revealed tenderness over the lateral aspect of the ankle joint. Stress testing revealed reproducible pain with inversion. Active range was full. There was no gross instability with stress testing of the ankle joint. The patient was diagnosed with status post right total knee replacement with ongoing knee pain, right ankle sprain/strain, history of chronic gastritis from previous medications prescribed, neuropathic pain component, abnormal EMG/NCV of the right lower extremity suggesting neuropathy, and reactive depression. 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 10/325mg #120: Upheld

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

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 longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no recent documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg is not medically necessary.