

Case Number:	CM15-0007231		
Date Assigned:	01/26/2015	Date of Injury:	05/03/2009
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker (IW) is a 61 year old female who sustained an industrial injury on 05/03/2009. She has reported continued back and knee issues and sleep disturbance. The diagnoses have included right total knee arthroplasty, status post revision total knee arthroplasty, and low back pain with degenerative disc disease with retrolisthesis. Currently, the IW complains of pain in the back and knees with decreased flexion, extension and lateral bending in the examination of the lumbar spine, and tenderness and instability in the right knee. Her status is permanent and stationary. The IW was approved for physical therapy right knee and Ibuprofen 800 mg. #60 with one refill. On 01/06/2015 Utilization Review non-certified a request for Norco 10mg #60, noting the IW had been on Norco for chronic pain for more than a year. Norco was partially certified in earlier requests after peer-to-peer conversations in 2013 and 2014 where the guidelines were reviewed and the need for proper documentation was emphasized. The request is not supported by the guidelines and the clinical documentation. The MTUS, ACOEM Guidelines, Chronic Pain and [http://www.americanpainsociety.org/uploads/pdfs/Opioid Final Evidence Report pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid%20Final%20Evidence%20Report.pdf) were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of the non-certified Norco 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., PH.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003DOI: 10.1056/NEJMra025411, http://www.americanpainsociety.org/uploads/pdffs/Opioid_Final_Evidence_Review.pdf: CA MTUS §.9792.242 Chronic Pain Medical Treatment Guidelines (page 46): ODG (Pain Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The 61 year old patient presents with pain in the lower back and the right knee, as per progress report dated 12/15/14. The request is for NORCO 10 mg # 60. The RFA for the request is dated 12/31/14, and the date of injury is 05/03/09. The patient is status post right total knee replacement on 08/01/11 and status post revision total knee replacement on 03/11/13, as per progress report dated 12/15/14. The patient has also been diagnosed with low back pain with degenerative disc disease and retrolisthesis, as per the same progress report. Medications include Norco and Ibuprofen. The patient's work status has been determined as permanent and stationary, as per progress report dated 12/15/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 07/08/14, and the patient has been using Norco consistently at least since then. In psychiatric QME report dated 09/29/14, the patient reports that she is unable to sit, stand or walk for prolonged periods of time. "My knee is constantly swollen and painful to do much activity," she states. However, this information is not specific to Norco use. In fact, none of the progress reports document a change in pain scale due to the use of the opioid. The treater does not use a validated scale to demonstrate a measurable increase in function due to the medication. NO UDS and CURES reports are available for review. There is no discussion about the side effects of the opioid in the patient. MTUS requires clear discussion about the four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for chronic opioid use. The request IS NOT medically necessary.