MAXIMUS Federal Services

Case Number:	CM15-0101124		
Date Assigned:	06/03/2015	Date of Injury:	06/11/2013
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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, Hawaii
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 is a 35 year old male, who sustained an industrial injury on 06/11/2013. He has reported subsequent left knee pain and was diagnosed with bilateral chondromalacia of the patella and left knee status post excision of fibrous mass from the pretibial area/patellar ligament. Treatment to date has included oral pain medication, a home exercise program, surgery and post-operative physical therapy. In a progress note dated 04/07/2015, the injured worker complained of left knee pain. Objective findings were notable for mild effusion of the left knee, mild tenderness to palpation of the left knee and a mild antalgic gait. A request for authorization of Norco refill was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

Decision rationale: The patient presents with left knee pain. The current request is for Norco 10/325mg #60. The treating physician states, in a report dated 04/29/15, "Since submitting my last report, I have received a copy of the Utilization Denial. This is in regards to the denial for the hydrocodone tablets. The patient is attempting to wean himself from these pain pills. I am hoping that this denial can be modified. The patient should be weaning, instead of being cut off abruptly." (85B) The MTUS guidelines state, "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, only a statement from the treating physician that Norco "help[s] alleviate my patient's severe pain, and improve function associated with the injury" (83B) is provided. The documentation provided is inadequate to show medication efficacy and the treater has failed to meet the MTUS guidelines. The current request is not medically necessary.