

Case Number:	CM15-0101276		
Date Assigned:	06/03/2015	Date of Injury:	03/27/2012
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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 is a 51 year old male, who sustained an industrial injury on 03/27/2012. He reported that a framed wall on a construction site fell, landing on him. He lost consciousness. When he came to he was unable to walk due to left knee pain. Computed tomography of the left leg showed comminuted depressed fractures of the medial tibial plateau involving the tibial spine and articular surface. There was large joint effusion with layering blood noted and intra-articular air. He also had an abrasion on his posterior scalp and ecchymosis on the lower back. Treatment to date has included open reduction and internal fixation of the left medial tibial plateau fracture, left knee hardware removal and medial unicompartamental knee replacement, physical therapy and medications. On 03/04/2015, the injured worker was seen for a functional restoration program multidisciplinary evaluation. A two week trial of the functional restoration approach was recommended. According to an office visit report dated 03/24/2015, the injured worker continued with chronic high level left leg pains. He specifically denied spinal pain. Pain was located in the left knee. There was no change in pain/spasticity control since the last visit. The frequency of pain/spasticity was constant. The least level of pain was rated 4 on a scale of 1-10 with medications and the least level of pain was rated 7 without medications. Current medication regimen included Norco 10/325mg one to two tabs every 6-8 hours 3 max/day. Diagnoses included closed fracture of upper end of left tibia. Medications were refilled. The injured worker was advised to restrict short-acting opioid use to an as needed basis only. On 04/21/2015, the provider noted that despite 2 surgeries of the left knee there had not been much improvement. There was no change in pain/spasticity control since the last visit. Medication

regimen remained unchanged. Currently under review is the request for 1 prescription for Norco 10/325mg #90. Documentation submitted for review shows utilization of Norco dating back to 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #90: 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): 76-78, 88-89.

Decision rationale: The patient presents with left knee pain. The current request is for 1 prescription for Norco 10/325mg #90. Treatment to date has included open reduction and internal fixation of the left medial tibial plateau fracture, left knee hardware removal and medial unicompartamental knee replacement, physical therapy and medications. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument". The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been prescribed Norco since at least 08/27/14. Progress reports 12/24/14, 01/08/15 and 02/24/15 provide a pain scale which document a decrease in pain with using Norco. There are repetitive generic statements that patient's "activity and function with his activities of daily living increase with Norco, however, without his mediation his activity and function declines". There are no specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Routine UDS have been obtained but adverse side effects were not addressed either. The treater has failed to address all the four A's as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.