

Case Number:	CM15-0103402		
Date Assigned:	06/05/2015	Date of Injury:	07/08/2011
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old male patient, who sustained an industrial injury on 7/08/2011. The diagnoses include status post right knee replacement 10/2012, chronic low back pain, rule out right hip joint arthritic pain, and aberrant urine drug screen 10/20/2014. Per the doctor's note dated 6/1/2015, he has complaints of low back and knee pain. The physical examination revealed tenderness and decreased range of motion of the lumbar spine and negative straight leg-raising test. Per the doctor's note dated 5/04/2015, he has complains of ongoing low back and knee pain. He continued to struggle significantly with sleep, noting Lunesta as ineffective. He tried Zoloft but discontinued it because it did not work. It was documented that a few different medications (anti-anxiety, anti-depressant) were tried due to chronic pain, and he did not tolerate them. He reported decreased motivation, inability to sleep, and depression/anxiety. He was walking for exercise and with Norco, he was able to walk two blocks. Pain was rated 4/10 with medication use and 9/10 without. No significant changes were noted on physical exam. Medications included Norco, Motrin, Prilosec, and Silenor (doxepin). He was dispensed Norco and Motrin. It was also noted that Norco was dispensed on 4/06/2015 and 2/09/2015. The use of Norco and Motrin was noted since at least 12/2014, with no significant subjective complaints or objective findings. He has undergone right knee replacement in 10/2012. He has had lumbar MRI dated 6/14/2013. He has had urine drug screen on 10/20/14 with aberrant behavior. His work status was sedentary work only and it was not documented if he was currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 dispensed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80.

Decision rationale: Norco 10/325mg #240 dispensed. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. He has had urine drug screen on 10/20/14 with aberrant behavior, per the notes. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #240 dispensed is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. This request is not medically necessary.

Motrin 800mg #60 - dispensed: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Motrin 800mg #60 – dispensed Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term

symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had complains of low back and knee pain. Physical exam revealed tenderness and decreased range of motion (ROM) of the lumbar spine. Patient had lumbar MRI with abnormal findings. He has history of right knee surgery. NSAIDs are considered first line treatment for pain and inflammation. The request for Motrin 800mg #60 dispensed is medically necessary for this patient to use as prn to manage his chronic pain.