

Case Number:	CM15-0108612		
Date Assigned:	06/12/2015	Date of Injury:	11/05/2004
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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 69 year old male, who sustained an industrial injury on 11/5/04. Many of the medical records are difficult to decipher. The injured worker was diagnosed as having right/left medial/lateral menisectomis and degenerative joint disease. Treatment to date has included medication. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for Norco 10/325mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with ongoing right knee pain. The current request is for Norco 10/325mg #180. The California MTUS has this to say regarding opioids, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects." The MTUS goes on to say "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The MTUS do not generally support chronic opioid use for low back pain. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, there is no progress report with the current request, and therefore a lack of documentation of the efficacy of the current request. While there is clear documentation of persistent knee pain there is no documentation of the 4 A's. The four A's of opioid management have not been met in this case and as such, the request is not medically necessary at this time.