

Case Number:	CM15-0130135		
Date Assigned:	07/16/2015	Date of Injury:	10/23/2012
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 58-year-old male, who sustained an industrial injury on October 23, 2012. The injured worker was diagnosed as having left patella maltracking, left total knee arthroplasty, possible ganglion cyst pes anserine bursa, and right shoulder impingement syndrome. Treatments and evaluations to date have included bracing, x-rays, left total knee arthroplasty, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of right shoulder pain, nocturnal pain, and crepitus, and left knee pain, with walking more limited. The Primary Treating Physician's report dated June 15, 2015, noted the injured worker's medications as Klonazepam, Amlodipine, Losartan, and Vicodin. Physical examination was noted to show the right shoulder with tenderness in the acromioclavicular (AC) and subacromial bursa (SAB), with crepitus and empty can equivocal. The treatment plan was noted to include pre-op medical clearance for left knee surgery, which would be scheduled after medically cleared, physical therapy for right shoulder, a cortisone injection of the right SAB was provided, discontinue Tramadol ER as it was ineffective, with continued Diclofenac and a prescription given for Norco. The injured worker was noted to be able to return to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Qty: 30.00: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker was noted to have been prescribed Tramadol and Vicodin previously, with documentation on April 17, 2015 that the Tramadol ER provided little benefit, and the dosage was increased. On May 11, 2015, a prescription was given for Vicodin. On June 15, 2015, the Tramadol was discontinued for ineffectiveness, and a prescription was provided for Norco. The documentation provided did not include objective, measurable improvement in the injured worker's pain, function, ability to perform activities of daily living (ADLs)'s such as bathing, dressing, etc., or improvement in the injured worker's quality of life with use of the previous opioids. There was no indication that the injured worker had a reduction in her dependency on continued medical treatment, nor was there documentation of a pain assessment that included the injured worker's current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioids, how long it takes for pain relief, or how long the pain relief lasts. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Norco 5/325mg Qty: 30.00.