

Case Number:	CM15-0133019		
Date Assigned:	07/21/2015	Date of Injury:	08/07/1997
Decision Date:	09/29/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 73 year old female, who sustained an industrial injury on 8/7/1997. The mechanism of injury was not described. The current diagnoses are bilateral knee chondromalacia, right greater than left, with osteochondral lesion in the femoral trochlea, right hip greater trochanteric bursitis secondary to abnormal gait due to bilateral knee injury, left knee posterior horn medial meniscal tear, status post bilateral total knee arthroscopy, sprain/strain of the cervical spine superimposed upon advanced degenerative disc disease, and sprain/strain of the lumbar spine superimposed upon moderate-to-severe degenerative disc disease and moderate-to-severe spondylosis. According to the progress report dated 6/19/2015, the injured worker complains of neck, low back, and bilateral knee pain. On a subjective pain scale, she rates her pain 2-4/10 with medications and 10/10 without. She notes improvement with activities of daily living as well as increased ability to sit, stand, and walk as a result of her current medication regimen. The physical examination reveals tenderness over the midline cervical spine, bilateral paracervical, and left trapezius musculature with moderate spasm noted. There is restricted range of motion with the cervical spine. Examination of the lumbar spine reveals tenderness over the midline with limited range of motion. The current medications are Norco and Robaxin. There is documentation of ongoing treatment with Norco since at least 12/19/2014. Treatment to date has included medication management, MRI studies, home exercise program, and surgical intervention. Work status is described as permanent and stationary. A request for Norco has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any 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." Per progress report dated 6/19/15, it was noted that the injured worker noted functional improvement in pain with her current medication regimen. She rated her pain 2-4/10 with the use of her medication and 10/10 without. She noted improvement with activities of daily living as well as increased ability to sit, stand, and walk as a result of her current medication usage. She reported that she was able to bend, lift, and carry light weight which she needs to do to maintain her ranch and is also able to walk up to an hour and do her shopping with the use of her medication. Without medication she is unable to walk more than 5-10 minutes and requires the use of a walker to prevent falling. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe usage. The request is not medically necessary.