

Case Number:	CM15-0133186		
Date Assigned:	07/21/2015	Date of Injury:	10/08/1999
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
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 65-year-old male who sustained an industrial /work injury on 10/8/99. He reported an initial complaint of head pain/injury along with right knee, right upper extremity and cervical spine pain. The injured worker was diagnosed as having organic brain syndrome, post- concussion syndrome, lumbar degenerative disc disease, herniated nucleus pulposus, right knee osteoarthritis and degeneration right medial meniscus tear. Treatment to date includes medication, diagnostics, surgery (right medial meniscus repair of knee, anterior cervical disc removal and fusion, diagnostic arthroscopy of right knee), psychological evaluation, physical therapy, and botox injections. MRI results were reported on 10/18/13. Currently, the injured worker complained of neck pain, headaches, and memory issues. Pain is 7-8/10 without medications. Per the primary physician's report (PR-2) on 6/2/15, neck pain is associated with numbness of all five digits and clumsiness and weakness. The right knee limits walking and has buckling. Exam notes neck has tight traps, decreased range of motion, tender with palpation at C7, T1, C4. The right knee has swelling, crepitation, and limited flexion. The requested treatments include Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120 with 1 refill: 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 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."Review of the available medical records reveals insufficient documentation to support the medical necessity of norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted that without medications the injured worker rated his pain 7-8/10 and without medications, and 5-7 with. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation contained evidence of ongoing UDS. UDS dated 5/16/14 was consistent with prescribed medication. CURES was checked periodically and was appropriate. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for two month supply does not allow for timely reassessment of medication efficacy. It should be noted that the UR physician has certified a modification of the request. The request is not medically necessary.