

Case Number:	CM15-0137484		
Date Assigned:	07/27/2015	Date of Injury:	09/22/2011
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 50 year old male, who sustained an industrial injury on 9/22/2011. The mechanism of injury is not indicated. The injured worker was diagnosed as having bilateral knee pain and medial meniscus injury. Treatment to date has included magnetic resonance imaging of the right knee (3/2/2015), and medications. The request is for Norco. On 2/16/2015, he was noted to be working full duty. He complained that one week prior his pain to the right knee had been increased and more severe over the medial part of the knee. He rated his pain 7/10, and indicated his knee to be worsened with weight bearing activities and kneeling for prolonged periods. The treatment plan included: magnetic resonance imaging of the right knee, start Voltaren gel, start Butrans. On 4/24/2015, he felt a ripping sensation in the right knee the day prior and since has noticed swelling and numbness. He is noted to have a positive McMurrays on the right lateral knee and moderate tenderness. He continues to work full duty. On 5/8/2015, he is off work. He indicated trying conservative therapy to the right knee and it remains limited in function due to pain and swelling. The treatment plan included: right knee surgery, continue Vicodin, continue Voltaren gel. On 6/23/2015, he remains off work. He reports riding a mountain bike. He indicated his pain to be 7/10 without medications and 3/10 with medications. The treatment plan included: discontinuing Vicodin and starting Norco, continue Voltaren gel, surgical consultation for the right knee, urine drug screen, and continue temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving hydrocodone since at least April 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.