

Case Number:	CM15-0139288		
Date Assigned:	07/29/2015	Date of Injury:	10/10/2014
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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

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:

This 39 year old male sustained an industrial injury on 10/10/14. He subsequently reported knee pain. Diagnoses include status post right knee arthroscopy. Treatments to date include x-ray and MRI testing, knee surgery, physical therapy and medications. The injured worker continues to experience right knee pain. Upon examination, right knee range of motion is reduced and there was extreme tenderness about the patella. A request for Norco 10/325mg #90 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88,89.

Decision rationale: This patient presents with right knee pain. The current request is for Norco 10/325mg #90. Treatments to date include x-ray and MRI testing, knee surgery, physical therapy

and medications. The RFA is dated 07/06/15. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient's current medications include Hydrochlorothiazide, Lisinopril, Ranitidine, Norco and Ambien. The patient has been prescribed Norco since at least 02/09/15. According to progress report 06/29/15, the patient is status post right knee surgery on 04/23/15 and continues to have constant pain, rated 8/10. Upon examination, right knee range of motion was decreased and there was extreme tenderness about the patella. The treater recommended a refill of Norco 5/325mg #90. Reports 06/29/15 through 02/09/15 provide no discussion regarding medication efficacy. There is a UDS from 06/29/15 which was consistent. Per report 05/12/15, the patient was instructed to start PT and continue medications. It was noted that topical creams decrease the use of oral meds. Report 04/20/15 states "cont. meds" MTUS requires appropriate discussion of the 4A's for opiate management. Given the lack of documentation as required by guidelines, the request is not medically necessary and recommendation is for slow weaning.