

Case Number:	CM15-0160445		
Date Assigned:	08/26/2015	Date of Injury:	11/07/1996
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 71 year old male who sustained an industrial injury on 11-7-96. In a progress report dated 7-23-15, the treating physician notes complaints of ongoing severe knee pain, burning sensation and phantom pain. A series of Synvisc injections gave him some temporary relief. The injured worker reports he cannot function without pain medication due to the severity of pain in his knee. He reports a 50% reduction in pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. He requires Adderall as needed to offset lethargy symptoms from narcotic use. He is under a narcotic contract with the office and urine drug screens have been appropriate. He has tried and failed the following medications for neuropathic pain, Lyrica, Neurontin, and Lamictal. Examination reveals the left lower extremity distal stump site is clean, dry and intact, with diffuse atrophy in the calf. There are ongoing signs of allodynia to light touch and summation to pinprick. The left lower extremity is very cold at the stump in comparison to the right lower extremity. Flexion of the left knee is 90 degrees and extension is 0 degrees with crepitus in flexion to extension. Patellar compression is painful. The impression is below the knee amputation-left lower extremity with ongoing crepitus, allodynia, phantom pain, severe degenerative joint disease in the left lower extremity per imaging studies, lower back pain, history of foraminotomy with laminectomy- related to a separate claim, history of right shoulder adhesive capsulitis, hyperlipidemia, hypogonadism, chronic obstructive pulmonary disease, myocardial infarction, hearing loss-not related to this case, status post right total hip replacement, and right knee replacement-not related to this case. A 2-5-15 progress report notes

he uses a Lidocaine patch at the stump site before putting on his prosthesis and uses [REDACTED] crutches for ambulation, but for the most part he stays in a wheelchair. A progress report dated 3-17-15 notes the injured worker reports he has been going through withdrawals and is in severe pain. He has had some nausea episodes and vomiting and is asking for a prescription for Norco. The treatment plan is refill Methadone 10mg 4 times daily for knee pain 120 tablets, Norco 10-325mg 1 tablet every 4-6 hours as needed for breakthrough pain, limit 5 per day; 150, Adderall 30mg 1 every morning as needed for lethargy side effect from narcotic use, 30, and a new liner for the prosthesis. Work status is noted as unchanged and that he has retired with permanent restrictions. The requested treatment is Norco 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are below the knee amputation left lower extremity; and severe DJD left lower extremity; low back pain. The date of injury is November 7, 1996. Request for authorization is July 23, 2015. According to a progress note dated February 5, 2015, the treating provider prescribed MS Contin and Norco. There were no doses documented. Pain score was 9/10. Utilization review indicates Norco weaning was recommended and started April 1, 2015. According to the most recent progress note dated July 23, 2015, the injured worker's subjective complaints include left knee pain. There is no pain score. Current medications include Methadone, Norco and Adderall to counteract the sedating effects of the opiates. As noted above, Norco weaning was started/recommended April 1, 2015. The Morphine Equivalent Dose (MED) was elevated at 380 (normal up to 300). There are no risk assessments or detailed pain assessments. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, attempted Norco weaning starting April 1, 2015, no risk assessments or do you tell pain assessments and an elevated MED, Norco 10/325mg # 150 is not medically necessary.