

Case Number:	CM15-0169709		
Date Assigned:	09/10/2015	Date of Injury:	07/22/2011
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female, who sustained an industrial-work injury on 7-22-11. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement left knee with degenerative arthritis, chronic pain syndrome, chronic knee pain, meniscal tear and morbid obesity. Medical records dated (3-3-15 to 7-21-15) indicate that the injured worker complains of left knee pain and occasional swelling. The medical record dated 7-21-15 notes that the injured worker notes mild to moderate improvement following the radiofrequency ablation. She notes the pain is more manageable, the medications are working more effectively and the severe "sunburst" sensations have diminished. She continues to have pain with prolonged waling and standing. The pain is rated 3-8 out of 10 on pain scale. The medical records also indicate improvement of the activities of daily living as she is not ambulating with a cane as much, the severe pain has diminished with the radiofrequency ablation, she is more active with walking and completing household chores and the pain medication is working more effectively. Per the treating physician report dated 4-28-15 the employee has not returned to work and is temporarily totally disabled. The physical exam dated from reveals tenderness in the medial and lateral aspect of the left knee, she ambulates with use of a cane, and there is crepitus noted with swelling at times. There is diffuse edema note in the bilateral lower extremities (BLE). Treatment to date has included pain medication including Norco since at least 6-5-14, diagnostics, activity modifications, nerve block 4-17-15 and 3-20-15, steroid injections , radiofrequency ablation, home exercise program (HEP) and other modalities. The treating physician indicates that the urine drug test results dated 3-31-15 and 5-

26-15 were inconsistent with the medication prescribed. The original Utilization review dated 8-21-15 denied a request for Norco 10-325 mg quantity of 90, 1 tab by mouth every 8 hours, around the clock, as needed as the documentation did not support functional improvement, consistent urine drug testing or tapering of the medication.

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 90, 1 tab by mouth every 8 hrs, around the clock, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in July 2011 and continues to be treated for chronic left knee pain. Recent treatments have included genicular nerve ablation therapy with a reported 50% improvement. Medications include Hydrocodone. Notes reference running out of medications early with resultant negative urine drug screening. When seen, medications were working more effectively. She was having ongoing pain with prolonged standing and walking. Physical examination findings included diffuse lower extremity edema and medial and lateral knee joint tenderness. Norco was refilled. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.