

Case Number:	CM15-0180754		
Date Assigned:	09/22/2015	Date of Injury:	05/31/2014
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 49 year old female, who sustained an industrial injury on 5-31-2014. The medical records indicate that the injured worker is undergoing treatment for status post right knee arthroscopy, recurrent meniscal tear of the right knee, lumbar disc protrusion, soft ganglion cyst in the right wrist, and oblique tear of the posterior horn and body of the medial meniscus. According to the progress report dated 8-11-2015, the injured worker presented with complaints of persistent pain in the low back (7 out of 10) with frequent radiation down her left leg. She also complains of pain in the right wrist (8 out of 10) and worsening right knee pain (6-7 out of 10). On a subjective pain scale, she notes that Norco reduces her pain from 8 out of 10 to 3-4 out of 10. The physical examination of the lumbar spine reveals tenderness over the paraspinal muscles, decreased range of motion, and positive Kemp's sign bilaterally. Examination of the right wrist reveals tenderness over the volar, lateral, thenar, and interosseous aspect of the wrist, decreased grip strength, and slightly restricted range of motion. Examination of the right knee reveals a slight decrease in range of motion (improved), decreased quadriceps (4 out of 5) strength, and positive McMurray's sign. The current medications are Norco and Ambien. There is documentation of ongoing treatment with Norco since at least 1-19-2015. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as off work. The original utilization review (9-2-2015) partially approved a request for Norco #30 (original request was for #60) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Overturned

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Norco 10-325mg #60. The RFA is dated 08/26/15. Treatments to date include medication management, physical therapy, and right knee surgery. The patient remains off work. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, page 78 also requires documentation of the 4 A's (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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/11/15, the patient presents with complaints of persistent pain in the low back with frequent radiation down her left leg. She also complains of pain in the right wrist and worsening right knee pain. The request is for refill of Norco, which the patient has been utilizing since 01/19/15. The patient reports that Norco reduces the pain from average 9/10 to 2-3/10. "It allows her to use her right hand to grasp and grip to do basic activities of daily living for 30 minutes as opposed to 15 minutes without the medication". Per report 07/17/15, the patient can do "basic activities of daily living like shopping and walking" with medications. UDS are conducted to assess current levels of prescribed medication. The patient has no aberrant behavior, or side effects to medications. In this case, the 4 A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.