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| Case Number: | CM15-0181666 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 09/12/2012 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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 43 year old female, who sustained an industrial injury on 9-12-2012. The injured worker was diagnosed as having right knee pain, status post right knee partial lateral meniscectomy and arthroscopic plica excision, severe degenerative joint disease of the right knee, chronic pain, and myofascial pain. Her past medical history included hypertension, depression, and anxiety. Treatment to date has included diagnostics, right knee surgery in 6-2013, physical therapy, viscosupplementation, and medications. Currently (8-13-2015), the injured worker complains of right knee pain, rated 8 out of 10 with medication use and 10 out of 10 without (unchanged from previous exam 7-16-2015). It was documented that her medications were "helpful" and she took Norco for severe pain and Naproxen for inflammation and swelling. Exam of the right knee noted tenderness to palpation to the medial joint line, positive crepitus, and sensation intact but "diminished on the right leg". She was to continue her current regimen. Her work status remained total temporary disability. A previous progress report (6-10-2015) noted complaints of right knee pain and documented "that the Norco 10-325 is not alleviating any of her pain". Progress report (7-27-2015) noted "she has been taking Norco 10-325 twice a day, but reports that it does not really alleviate the pain anymore". Urine toxicology (6-23-2015) was inconsistent with prescribed medications and was positive for Alprazolam, Hydrocodone, Hydromorphone, and Morphine. She denied taking Morphine and "not sure why it was positive". A CURES report was reviewed on 6-17-2015, noting opioid medication (Norco) from another provider, and the opioid agreement was reiterated that she should receive opioids from a single provider. The current treatment plan included Norco 10-

325mg #60, Naprosyn 500mg #60, Prilosec OTC 20mg #60, and an ice pack. On 8-26-2015, Utilization Review non-certified the requested Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/13/15 with right knee pain rated 8/10 with medications, 10/10 without. The patient's date of injury is 09/12/12. Patient is status post right meniscus repair in 2013. The request is for Retro Norco 10/325MG #60. The RFA was not provided. Physical examination dated 08/13/15 reveals tenderness to palpation of the medial joint line of the right knee with crepitus noted, and decreased sensation in the right lower extremity. The patient is currently prescribed Norco, Naproxen, Omeprazole, and Zolpidem. Patient is currently classified as temporarily totally disabled. 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 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, 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." In regard to the continuation of Norco for the management of this patient's chronic pain, the request is not supported per MTUS. Progress note dated 08/13/15 notes that this patient's medications reduce her pain from 10/10 to 8/10, and provides several activity- specific functional improvements. More importantly, there are several instances of medication inconsistency in the records provided. Inconsistent urine drug screenings dated 03/11/15, 04/30/15, and 05/23/15 note the presence of Alprazolam metabolites, which is not among this patient's reported medications. UDS dated 05/23/15 also notes the presence of Morphine metabolites as an inconsistent/unexpected result. Progress note 08/13/15 indicates that this patient's UDS dated 06/17/15 was also positive for Morphine, an inconsistent result that the patient cannot account for. A CURES report dated 06/17/15 also indicates that this patient was/is obtaining narcotic medications from a separate provider. MTUS guidelines require consistent urine drug screening, and a stated lack of aberrant behavior to substantiate chronic opiate use. In this case, the documentation includes several "red flags" of aberrant behavior, such as multiple inconsistent urine toxicology screenings, and evidence of non-compliance with previous Opioid contracts. Given these factors, the continuation of narcotic medications cannot be substantiated and the patient should be weaned. The request is not medically necessary.

