

Case Number:	CM15-0190833		
Date Assigned:	10/05/2015	Date of Injury:	02/10/2015
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 2-10-2015. The injured worker is undergoing treatment for left knee arthroscopic meniscectomy, open reduction internal fixation (ORIF) left lateral tibial plateau fracture and mechanical low back pain with left leg radiculopathy, lumbar disc herniation. Medical records dated 8-19-2015 indicate the injured worker complains of left leg and knee pain. He reports improvement and rates left knee pain 4 out of 10 and use of Motrin for pain. Exam dated 7-8-2015 indicates the injured worker complains of pain, weakness, swelling, stiffness and numbness of the left leg and knee. Physical exam dated 7-8-2015 notes lumbar decreased range of motion (ROM) and tenderness to palpation with positive straight leg raise. There is left knee +2 pitting edema, mild effusion and decreased range of motion (ROM). Physical exam dated 8-19-2015 notes essentially normal exam except "minimal swelling" in unname location. Treatment to date has included surgery, physical therapy, activity modification, crutches, knee brace, compression stockings, magnetic resonance imaging (MRI), X-rays, CAT scan, Xanax, Norco 10-325mg since at least 2-24-2015, and Motrin. The original utilization review dated 9-4-2015 indicates the request for retro Motrin 800 mg #90 with 1 refill with a DOS of 8/19/2015 is non-certified and retro Norco 10/325 mg #60 with a DOS of 8/19/2015 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Motrin 800 mg #90 with 1 refill with a dos of 8/19/2015: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: Utilization of maximum (800mg) dosing of ibuprofen in chronic pain is concerning when considering use of NSAIDs, and according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, utilization review has reasonably non-certified the request for Motrin 800mg tablets. Because it is important to clearly document evidence of pain and functional improvement in order to ensure that the benefit of treatment outweighs the risk, the quantity of medication requested is not medically necessary without further documentation.

Retro Norco 10/325 mg #60 with a dos of 8/19/2015: 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, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.