

Case Number:	CM15-0197511		
Date Assigned:	10/12/2015	Date of Injury:	07/01/1999
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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:

This 68 year old man sustained an industrial injury on 7-1-1999. Treatment has included oral medications. Physician notes dated 9-4-2015 show complaints of left knee pain. The worker rates his pain 7 out of 10 without Vicodin and 2 out of 10 with Vicodin. The worker is unable to take NSAID's due to a history of an elevated creatinine level, however, recent laboratory testing was denied. The physical examination shows the left knee without effusion, instability with the knee fully extended and flexed 30 degrees with varus and valgus tress, negative patellofemoral crepitus, positive posterior drawer sign, and unchanged from the visit on 8-5-2015. The right knee shows no fluid, no instability, no varus-valgus stress, negative Lachman, and posterior drawer with a clunk. It is noted last visit there was 1-2 plus fluid in the right knee.

Recommendations include refill of Hydrocodone and follow up in one month. Utilization review denied a request for Norco on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #30: 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 current request is for NORCO 7.5/325 MG #30. Treatment has included oral medications. No other treatment history is provided. The patient's work status was not addressed. 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 09/04/15, the patient presents with chronic left knee pain. The patient rates his pain 7/10 without hydrocodone, and with medication he pain score comes down to 2/10. With medication "allow him to do his activities of daily living without a great deal of difficulty." The treater states "since the hydrocodone reduces his discomfort, I am going to refill his prescription." On 06/02/15, the treater noted the patient is unable to take NSAIDs due to a history of an elevated creatinine level, but "Norco has not been a problem." There is no further discussion regarding functional improvement or analgesia with Norco. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines for opiate management. There are no specific examples of changes in ADL's which demonstrate significant medication efficacy. There is no discussion regarding aberrant behaviors, either. The treater does not provide adequate documentation as required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary and the patient should be weaned per MTUS.