MAXIMUS Federal Services

Case Number:	CM15-0198309		
Date Assigned:	10/13/2015	Date of Injury:	09/30/2013
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 24 year old male, who sustained an industrial injury on 9-30-2013. The injured worker was diagnosed as having right knee sprain/strain, derangement of right knee, and right knee tendinopathy. Treatment to date has included diagnostics, right knee surgery in 12-2013 and 8-06-2015 (right knee arthroscopy with partial lateral meniscectomy, abrasion arthroplasty and recreation of the notch, removal of large osteochondral loss body with multiple small chondral loose bodies, and synovectomy), physical therapy, and medications. On 8-19-2015, the injured worker complains of right knee pain, rated 8 out of 10. He reported that transcutaneous electrical nerve stimulation unit was not helpful and he was doing physical therapy at home. He denied medication side effects except mild gastrointestinal distress, which resolved with prescribed medication. Exam of the right knee noted tenderness over the right medial and lateral joint lines, along with infrapatellar tenderness. The medical records indicate that Norco was prescribed since at least 2-2015. Medications included Norco 10-325mg (2 tabs three times daily), Cyclobenzaprine, Lidopro cream, and Omeprazole. The patient had used a TENS unit for this injury. The patient had MRI of the right knee on 2/27/15 that revealed synovitis, effusion and disrupted ACL graft. The patient had received an unspecified number of PT visits for this injury. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #126: Upheld

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

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

Decision rationale: 1 prescription of Norco 10/325mg #126. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids (like Tramadol) and other non-opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of prescription of Norco 10/325mg #126 is not established for this patient, given the records submitted and the guidelines referenced; the request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.