

Case Number:	CM15-0201696		
Date Assigned:	10/16/2015	Date of Injury:	07/03/2012
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old female, who sustained injuries to her cervical, thoracic and lumbar spine and left knee due to an industrial injury on 7-3-12. The documentation on 9-14-15 noted that the injured worker has complaints of pain that was rated at 9 out of 10 in severity on the subjective pain scale. The injured worker reported that over last two weeks she had a significant aggravation of her orthopedic condition, she has had significant disturbance with sleeping and simple weight bearing has become increasingly problematic over this timeframe as well. Left knee range of motion on active extension maintained 0 degrees and flexion 60 degrees with elicit moderate pain and discomfort. There was moderate tenderness to palpation over both the medial and lateral tibiofemoral joint spaces. The anterior and posterior drawer tests were negative and there was no increased laxity observed as the valgus and varus stress was applied. Strength was evaluated to be 3 out of 5 and the McMurray's test was moderately provocative for pain and discomfort over both the medial and lateral tibiofemoral joint spaces. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included naproxen; omeprazole; bupropion; buspar and tramadol. The documentation on 9-14-15 noted under the treatment plan was for norco 5-325mg daily as needed for breakthrough pain with 0 refills as she was told to substitute this medication for the tramadol, which has proven ineffective as of recently. The documentation noted that the injured worker was on temporary total disability, per her most recent psyche evaluation. Magnetic resonance imaging (MRI) on 2-25-14 noted small anterior left knee joint effusion with mild amount of anterior subcutaneous soft tissue edema; mild sprain left anterior cruciate ligament and medial collateral ligament and

meniscal degeneration of the medial and lateral menisci with definite meniscal tear. X-ray on 1-23-13 showed mild degenerative disc narrowing at L2-L3 level. The original utilization review (9-30-15) modified the request for norco 5-325mg #30 to norco 5-325mg #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Overturned

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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Per progress report dated 10/12/15, the injured worker stated that while utilizing her norco, her pain levels are reduced some 20% from a 7-9/10. She states that this allows her to walk for an additional 20 minutes, as well as stand for an additional 10 minutes as opposed to not utilizing these medications. The medication also helps her with sleep. She has experienced no adverse side effects with these medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The injured worker signed an opiate contract on 8/19/15. Per progress report dated 9/14/15, it is noted that the injured worker reported a significant aggravation of her orthopedic condition. The treatment plan was for Norco 5-325mg daily as needed for breakthrough pain as a substitute for her tramadol, which had recently proven ineffective. The request is medically necessary.