

Case Number:	CM15-0204663		
Date Assigned:	10/21/2015	Date of Injury:	09/04/2011
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 66 year old female who sustained a work-related injury on 9-4-11. Medical record documentation on 7-13-15 revealed the injured worker was being treated for right knee osteoarthritis. She reported worsening right knee pain and swelling. Her current medications included Baclofen oral, Cymbalta 60 mg, Januvia, Lisinopril, Norco 5-325 mg (since at least 4-2-15), and Sertraline. Objective findings included tenderness of the lateral joint line of the right knee, a genu valgum deformity and small effusion of the right knee and patellofemoral crepitation. Her right knee range of motion lacks 10 degrees of full extension and passive flexion to 110-120 degrees. She had no valgus or varus instability present and no weakness of the right knee noted. A McMurray's sign was negative and no tenderness noted in the lower leg. Documentation on 6-4-15 revealed the injured worker reported that use of Norco at night adequately managed her pain and enabled her to sleep for at least 6 hours. A urine drug screen dated 2-2-15 was described by the evaluating physician as revealing results consistent with the injured worker's medication regimen (progress note 6-4-15). A request for Norco 5-325 mg #30 was received on 9-25-15. On 10-2-15, the Utilization Review physician modified Norco 5-325 mg #30 to Norco 5-325 mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Norco 5/325mg: 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, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, return to work, or increase in activity from the exam note of 7/3/15. Therefore the determination is for non-certification. The request is not medically necessary.