

Case Number:	CM15-0023277		
Date Assigned:	02/12/2015	Date of Injury:	09/03/1999
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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 is a female injured worker who sustained an industrial injury on September 3, 1999. She has reported injury to her left knee. The diagnoses have included pes anserinus tendinitis or bursitis, internal derangement of knee not otherwise specified and patellar tendinitis. Treatment to date has included TENS unit, H-wave unit, medications, knee brace, diagnostic studies. Currently, the injured worker complains of ongoing pain in the left knee. The pain is described as aching, sharp, stabbing and severe and radiates from the hips down her legs. She rated her pain as a 10 on a 1-10 pain scale. The pain is exacerbated by light touch, pulling, standing and twisting. It is relieved by lying down, heat, massage, walking and ice. She reported difficulty sleeping due to spasm. She reported no relief with H-wave therapy, TENS unit and medications. On January 8, 2015, Utilization Review non-certified Norco 7.5mg/325mg #30 for the left knee, noting the CA MTUS Guidelines. On February 6, 2015, the injured worker submitted an application for Independent Medical Review for review of Norco 7.5mg/325mg #30 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, 4 A(s), On Going Management Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 48 year old patient presents with left knee pain that radiates from the hips to the legs and is rated at 10/10, as per progress report dated 11/06/14. The request is for NORCO 7.5/325 mg # 30. The RFA for this case is dated 12/31/14, and the patient's date of injury is 09/03/99. The patient is also experiencing numbness, tingling, weakness and swelling along sleep disturbances. Medications included Celebrex, Pantoprazole, Terocin lotion, Aspirin, Norco, Hydrochlorothiazide, Levothyroxine, Biofreeze roll on, and multivitamins. Diagnoses included Pes Anserinus bursitis or tendinitis, internal derangement of knee, and patellar tendinitis. The patient is working full duty, as per progress report dated 11/06/14. MTUS Guidelines 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 page 78 also requires documentation of the 4As (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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription of Norco is only noted in progress report dated 11/06/14. It is not clear when the patient started taking the medication. The treater does not document the failure of first-line therapy. Additionally, the reports do not use a pain scale to document a measurable reduction in pain. No validated scale is used to demonstrate an improvement in function as well, although the patient's ability to work full duty indicates high function. NO UDS or CURES reports are available for review. The treater does not list the side effects associated with use of Norco. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.