MAXIMUS Federal Services

Case Number:	CM15-0026144		
Date Assigned:	02/18/2015	Date of Injury:	07/07/2013
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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:

This is a 34 year old male patient, who sustained an industrial injury on July 7, 2013. He sustained the injury while striking a set standing on a staircase with a heavy roll of flooring. The diagnoses have included status post left knee surgery, sacroiliac sprain, lumbosacral strain/sprain and plica syndrome. Per the doctor's note dated 1/9/2015, he had complaints of left knee pain with popping, buckling and giving way. The physical examination of the left knee revealed flexion 128 and extension 0 degree; tenderness at lateral plica, medial joint line and crepitus. The current medications list includes norco. He has had left knee MRI dated 9/15/14 and left knee MR arthrogram dated 1/5/15. He has undergone left knee surgery. He has had urine drug screen on 9/9/14 which was positive for marijuana (patient prescribed norco and marinol). On January 15, 2015, Utilization Review non-certified a request for Norco 10/325mg tabs, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325mg tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines: 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 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 objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines 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. Response to lower potency opioids like tramadol is not specified in the records provided. Response to other medications for chronic pain like antidepressants or anticonvulsant is not specified in the records provided. He has had urine drug screen on 9/9/14 which was positive for marijuana (patient prescribed norco and marinol). With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 10/325mg tabs is not established for this patient at this time.