

Case Number:	CM15-0213934		
Date Assigned:	11/03/2015	Date of Injury:	04/26/2001
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

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:

The injured worker is a 36 male year old male, who sustained an industrial injury on 4-26-01. Medical records indicate that the injured worker is undergoing treatment for contusion of the leg-foot, knee derangement, ankle sprain and tendon injury. The injured worker is working with minor restrictions. On (5-13-15 and 11-3-14) the injured worker complained of slight left knee pain with kneeling or attempted jogging. The injured worker also noted slight swelling in the left knee after activities. Objective findings revealed full extension of the left knee. Minimal tenderness over the overt the pes anserine bursa just below the medial aspect of the left knee was noted, which is much improved. The injured worker had discomfort over the lateral aspect of the left knee when he tried to squat or crouch. The injured worker also had persistent local tenderness overt the ulnar aspect of the right wrist. The injured worker was noted to take one Norco a day at the most for pain. Documented treatment and evaluation to date has included medications and a left knee arthroscopy. Current medications include Norco (since at least November of 2014), Motrin, Prilosec, Ambien, and a transdermal patch. The Request for Authorization dated 10-7-15 is for Norco10-325mg # 180 (3 month supply) (10-7-15). The Utilization Review documentation dated 10-14-15 non-certified the request for Norco 10-325mg # 180 (3 month supply) (10-7-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180 (3 month supply) (10/7/15): Upheld

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

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

Decision rationale: The patient presents with slight left knee pain with kneeling or attempted jogging. The current request is for Norco 10/325mg #180 (3 month supply) (10/7/15). The treating physician states, in a report dated 5/13/15, Norco 10/325mg #60. (85B) The MTUS guidelines state, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. None of the reports document before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, none of the 4As required by the MTUS Guidelines for continue opiate use was documented. The current request is not medically necessary.