

Case Number:	CM15-0215924		
Date Assigned:	11/06/2015	Date of Injury:	12/22/2006
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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 68 year old female, who sustained an industrial-work injury on 12-22-06. A review of the medical records indicates that the injured worker is undergoing treatment for pain in the joint of the lower leg left, chondromalacia of the patella, osteoarthritis, and chronic pain. Treatment to date has included pain medication Norco since at least 3-25-15, acupuncture at least 18 sessions, physical therapy, bracing, injections with benefit 6 months relief of pain, rest, ice, Nonsteroidal anti-inflammatory drugs and other modalities. Medical records dated 9-23-15 indicate that the injured worker is for follow up regarding left knee pain. There have been no significant changes from previous visits. Per the treating physician report dated 1-20-15 the injured worker is retired. The physical exam reveals antalgic gait and reduced range of motion at knees bilaterally. The physician indicates that the acupuncture has provided her with significant improvement in pain as well as increased range of motion of the left knee. She was also able to walk more and took less medication. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The request for authorization date was 10-8-15 and requested services included Norco 10-325mg #60 and Acupuncture 6 visits to the bilateral lower extremities. The original Utilization review dated 10-12-15 partially authorized the request for Norco 10-325mg #60 partially authorized to Norco 10-325mg #30 for weaning. The request for Acupuncture 6 visits to the bilateral lower extremities was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with lower left leg joint pain. The current request is for Norco 10/325mg #60. The treating physician states, in a report dated 09/23/15, "refill: Norco." (9B) As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. In this case, there is no clear documentation of moderate to severe pain and no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no discussion of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the request is not medically necessary.

Acupuncture 6 visits to the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with lower left leg joint pain. The current request is for Acupuncture 6 visits to the bilateral lower extremities. The treating physician states, in a report dated 09/23/15, "treatments: Acupuncture x 6 more sessions." (9B) The AMTG guidelines recommend 3-6 visits. Acupuncture treatment may be extended if functional improvement is documented. In this case, the treating physician, based on the records available for review, states "She had significant improvement in pain and function with acupuncture. We will request 8 more sessions. She had been able to walk more, and took less medication." (10B) She has also had 18 prior sessions of acupuncture. The treating physician has documented functional improvement with prior acupuncture treatment. The current request is medically necessary.