

Case Number:	CM15-0219739		
Date Assigned:	11/12/2015	Date of Injury:	02/15/2012
Decision Date:	12/23/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/09/2015

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:

The injured worker is a 67 year old male with a date of injury on 02-15-2012. The injured worker is undergoing treatment for lumbosacral strain-arthrosis, and tear of the medial cartilage or meniscus of the knee. A physician note dated 07-23-2015 documents the injured worker received a cortisone injection to his left knee with this visit. He has diffuse pain and tenderness diffusely. Unofficial x-rays revealed significant tricompartmental degenerative changes including a probable osteochondral defect of the lateral trochlea. A physician note dated 09-17-2015 it is documented the injured worker has bony osteophytes. He has tenderness along the joint lines. He has significant degenerative changes and crepitus is detected with range of motion of the right knee. He has an effusion. He has tried anti-inflammatory and cartilage supplement pills. He is not a candidate for a knee bracing in the form of an un-loader. He uses a cane as needed. A physician progress note dated 10-13-2015 documents the injured worker complains of right knee pain. He had a cortisone injection that gave him only 20% pain relief. He has left knee pain as well. He has enough Naproxen; he is requesting a refill of the Norco. His left knee hurts more than the right side; we would consider arthroscopy as the next step. He will receive a Synvisc injection when it is available. If this doesn't work a consult for a total joint specialist will be made. Treatment to date has included diagnostic studies, medications, physical therapy, knee cortisone injections, home exercise program, and psychiatric evaluation. He is status post left shoulder surgery x 2, and status post right shoulder surgery, status post bilateral knee arthroscopies. He is not working. He is temporarily totally disabled. Current medications include Naproxen, and Norco (since at least 05-18-2015) only as needed and not every day. The Request for Authorization dated 10-13-2015 includes Norco 10-325mg #60. On 11-06-2015 Utilization Review non-certified the request for Norco 10-325mg #60.

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, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

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." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/13/15. Therefore the prescription is not medically necessary and the determination is for non-certification.