

Case Number:	CM15-0222014		
Date Assigned:	11/17/2015	Date of Injury:	08/09/1971
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

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 41 year old male, who sustained an industrial injury on 08-09-1971. A review of the medical records indicates that the worker is undergoing treatment for left Achilles tendinosis and left Achilles tendon partial tear. Treatment has included Tramadol, Oxycodone, Nortriptyline, Voltaren, Hydrocodone-Acetaminophen (since at least 2014), physical therapy and left total knee arthroplasty. During a 05-28-2015 office visit, the worker was noted to be 8 weeks status post left total knee arthroplasty and was noted to be doing well. The worker was noted to be limited by a left torn Achilles tendon and that the worker took about 4 Norco per day to get through his therapy. Physical examination findings showed well aligned and stable knees, well healed incision, non-antalgic gait, varus, valgus, anterior and posterior stability and full active extension, further flexion to 115 degrees. On 07-01-2015, the worker reported continued ankle pain that was rated as high at 9 out of 10. The physician noted that "ice and the use of oral pain medications can help". Objective findings were notable for thickened fusiform deformity along the Achilles tendon and tenderness to palpation. On 08-18-2015, the worker was seen in follow-up and the physician noted that the worker was denied his pain medication after his left total knee arthroplasty and had difficulty getting physical therapy for the Achilles tendinitis and left knee authorized. Objective findings (08-18-2015) included 2+ effusion of the left knee with limited range of motion and the plan was for continued physical therapy for the left knee and chronic Achilles tendonitis. There was no documentation of pain ratings before and after the use of Norco, duration of pain relief, time it took for pain relief or documentation of objective functional improvement with the use of Norco. A utilization review dated 10-21-2015 modified a request for Norco 10-325 #100 to certification of Norco 10-325 mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: The patient presents with pain affecting the left ankle. The current request is for Norco 10/325mg #100. The treating physician report requesting continued Norco usage was not found in the documents provided for review. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 5/28/15 (11B). The current medical reports provided for review do not address the patient's pain level while on current medication and there is no documentation of functional improvement with medication usage. No adverse effects or adverse behavior were discussed by the physician. In this case, all four of the required A's are not addressed, the patient's pain level has not been addressed at each visit and functional improvement has not been documented. The current request is not medically necessary.