

Case Number:	CM15-0031859		
Date Assigned:	02/25/2015	Date of Injury:	11/12/2009
Decision Date:	04/03/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey

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:

The injured worker is a 39 year old male who sustained an industrial injury on 11/12/2009. Current diagnoses include left knee grade IV chondromalacia patella, left knee status post partial medial meniscectomy, and left knee patellar tendinopathy status post repair. Previous treatments included medication management and left knee surgery. Report dated 01/28/2015 noted that the injured worker presented with complaints that included anterior left knee pain. Physical examination was positive for abnormal findings. Utilization review performed on 02/10/2015 non-certified a prescription for Norco and 1 consultation, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence that this full review was completed at the time of this request, in particular, a report on comparative measurable functional gains and pain reduction directly related to Norco use. Also, the request did not include medication strength. Therefore, the Norco #90 will be considered medically unnecessary at this time.

Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines p. 124, AND Opioids pp. 77, 81.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, the request for a consultation with a pain specialist does not seem to be clearly warranted. The worker is only using one opioid and not at high doses, and there was no reference found to any specific procedure or need for clarification of a diagnosis with which the pain specialist could assist the provider. Therefore, the "consultation" will be considered medically unnecessary.