

Case Number:	CM15-0032036		
Date Assigned:	02/25/2015	Date of Injury:	04/14/2004
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
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: California

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 66-year-old female, who sustained an industrial injury on April 14, 2004. The diagnoses have included Chondromalacia of patella of right knee and tear of meniscus of left knee. Treatment to date has included physiotherapy and oral pain medications. Currently, the injured worker complains of knee pain traveling to her left lower extremity that is described as sharp, stabbing and aching. In a progress note dated February 12, 2015, the treating provider reports the injured worker has an antalgic gait favoring the right, knee inspection reveals moderate tenderness to palpation at the medial peripatellar, medial collateral, lateral collateral and direct compression of the peripatellar on the right and moderate tenderness at the medial peripatellar and medial collateral on the left, Apley's grinding test, McMurray test with interior rotation and McMurray test with exterior rotation are positive on the right knee and decreased range of motion. On February 17, 2015 Utilization Review non-certified a Norco 10/325mg quantity 120, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic knee pain that travels to her left lower extremity. The current request is for 1 PRESCRIPTION OF NORCO 10/325MG #120. Request for Authorization (RFA) is dated 1/15/15. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 As, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been prescribed Norco since at least 8/14/14. Progress reports note that the patient continues to follow the course of mediations for treatment of sequelae arising out of the patient's industrial injuries. Average pain was rated as 8-9/10. Urine drug screens were recommended, but no reports were provided and the results were not discussed. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long-term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.