

Case Number:	CM15-0032142		
Date Assigned:	02/25/2015	Date of Injury:	07/15/2014
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
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, 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:

This 64-year-old male sustained an industrial injury on 7/15/14. He subsequently reports ongoing right knee pain. Diagnoses include right leg and knee sprain. Treatments to date have included physical therapy and prescription pain medications. On 2/4/15, Utilization Review non-certified a request for Norco 5/325mg quantity 30. The Norco 5/325mg quantity 30 denial was based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient has ongoing complaints of anterior knee pain with occasional joint locking. The current request is for Norco 5/325mg quantity 30. Norco is a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. According to the

MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. 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 documentation for continued opioid usage as there is no documentation of decreased levels of pain with and without the opioid medication. There is also no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. The attending physician states that Gabapentin and Norco are helping control pain by 50% with no side effects. However, the available documents do not provide evidence of functional improvement with the use of Norco. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial.