

Case Number:	CM15-0055431		
Date Assigned:	03/30/2015	Date of Injury:	03/23/2005
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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 3/23/2005. The current diagnoses are degenerative joint disease of the left knee and status post left knee arthroscopy. According to the progress report dated 2/25/2015, the injured worker complains of ongoing left knee pain. She reports associated weakness and knee giving way. The pain is described as intermittent aching pain that increases with prolonged standing or sitting. The pain is rated 8/10 with rest and 10/10 with activity. The current medications are Norco. Treatment to date has included medication management, cold, heat, stretching, and surgical intervention. The plan of care includes Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use, Weaning of Medications Page(s): 91; 78-80; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with left knee pain rated at 8/10 at rest and 10/10 with activity. The request is for NORCO 5/325MG QTY: 30. The request for authorization is not provided. The patient is status-post left knee arthroscopy, date unspecified. Physical examination reveals fullness of the knee. She has an effusion. There is crepitus with range of motion. The use of hot and cold modalities is discussed with the patient, along with stretching. The patient is encouraged to continue with activity as tolerated. The patient is currently taking Norco, which is somewhat beneficial. Per the patient, the effectiveness of the medication varies. Side effects of the medication were discussed with the patient, which the patient is not experiencing. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the "4A's" analgesia, ADLs, adverse side effects, and adverse behavior, as well as "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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated, 02/25/15, treater's reason for the request is "The patient finds the medication to be effective for pain relief and it improves the patient's ability to perform daily activities. The patient is not noted to have any abnormal drug seeking behavior. The patient completed an opioid contract. The four A's of pain management were reviewed today to ensure the appropriate utilization of opioid analgesics. Medication use was discussed with the patient, including side effects and contraindications." The patient is prescribed Norco since at least 04/02/14. MTUS requires appropriate discussion of the 4A's, and treater does document and discuss the absence of side effects and aberrant drug behavior with use of Norco. However, in addressing the other 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. Furthermore, no validated instrument is used to show functional improvement. And no UDS or CURES is provided. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.