

Case Number:	CM15-0085401		
Date Assigned:	05/08/2015	Date of Injury:	03/20/2002
Decision Date:	06/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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 61 year old male, who sustained an industrial injury on March 20, 2002. The injured worker was diagnosed as having status post left knee meniscectomy and chondroplasty and compensatory right knee pain. Treatment and diagnostic studies to date have included surgery, medication and therapy. A progress note dated April 21, 2015 provides the injured worker complains of bilateral knee pain rated 3/10 with medication and 9/10 without medication. He reports no change in condition. Physical exam notes bilateral knee tenderness on palpation and crepitus of the right knee. There is decreased range of motion (ROM) bilaterally. The plan includes Norco, Celebrex and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96, 124.

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. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. Upon review of the documentation provided, the worker, who had been using Norco chronically up to this point, had been weaning down to 1-2 pills of Norco per day. The recent progress note suggested that the worker should continue weaning down, yet the prescription/request was enough to support a supply of Norco for the same amount taken leading up to the most recent office visit (1-2 daily). Reducing the amount requested is more appropriate and since there was no supportive evidence found which might support the maintenance of the current dose and frequency of Norco, the request for #40 pills of Norco are not medically necessary.