

Case Number:	CM15-0087737		
Date Assigned:	05/11/2015	Date of Injury:	01/05/2010
Decision Date:	06/11/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/07/2015

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, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 41 year old male, who sustained an industrial injury on 1/5/10. He reported initial complaints of right knee. The injured worker was diagnosed as having sciatica; lumbago; end stage osteoarthritis right knee; tear lateral meniscus knee; joint pain/leg; sprain cruciate ligament knee. Treatment to date has included right knee brace; medications. Diagnostics included lumbar spine and right knee MRI (9/1/10). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker and the provider discussed a consult that recommended a functional restoration program and will be transferring care for further chronic pain management to that consulting physician. The PR-2 noted dated 4/14/15 indicates the injured worker complains of chronic low back pain, right leg numbness, right knee pain, depression. The noted document he continues to experience chronic low back pain, right leg numbness as well as chronic right knee pain and is still not a candidate for a total knee replacement for his severely arthritic painful right knee. Pain management was authorized for another provider and he continues to be treated for depression by yet another provider. He continues to work on his weight loss; walking daily but knee pain prohibits his from doing more activities. He wants to lose weight so he can proceed with a right total knee arthroplasty. Physical examination notes he is wearing his brace, his right knee has 1+ effusion, he is tender medially and laterally with a positive bounce home and McMurray's; equivocate Apley's. He has marked anterior and lateral compartment crepitation and pain with range of motion. He walks with a right antalgic gait and cane full time. The lumbar spine has diffuse tenderness in the lower lumbar spine and mild spasm. He has slight hypesthesia to pinprick and light touch in a nondermatomatic pattern right

lower extremity below knee. Motor strength 5/5/ in all motor groups in both lower extremities. Straight leg raise and Lasegue's are negative bilaterally for back and leg pain. The provider has requested Norco 10/325mg tablets, 1 tablet every 8 hours, quantity of 90 tablets until his transfer of care to chronic pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablets, 1 tablet every 8 hours, quantity of 90 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These 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." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.