

Case Number:	CM14-0110265		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2003
Decision Date:	10/06/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71 year old female who was injured on September 30, 2003. The mechanism of injury is a fall on the hands and knees. The diagnoses listed as osteoarthritis unspecified whether generalized or localized involving lower leg (715.96). The most recent progress note dated 6/20/14 reveals complaints of right knee pain rated a 7 to 8 out of 10. Prior treatment includes physical therapy with noted benefit and total knee arthroplasty (TKA), bilateral total hip replacement, medications, laboratory tests, acute rehabilitation inpatient stay, inpatient hospital stay, and pain management. The injured worker is not currently working at this time. Physical examination reveals (physical therapy assessment hydraulic hand dynamometer) JAMAR scores notes right 18/14/16, left 14/14/16; tenderness is noted in the lower lumbar spine with limited range of motion due to recent TKA, and tenderness is noted about the right. A prior utilization review determination dated 7/7/14 resulted in denial of Norco 10/325 milligrams quantity 120 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 guidelines state continuation of opioids is recommended if the patient has returned to work. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no documentation of a recent urine drug screening to monitor the patient's compliance. There is no evidence of return to work. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.