

Case Number:	CM14-0119568		
Date Assigned:	08/06/2014	Date of Injury:	09/21/1997
Decision Date:	10/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58-year-old female with a 9/21/97 date of injury. The patient was injured when she was placing a resident in the bathroom, and the resident slipped. According to a progress note dated 7/9/14, the patient reported having severe, constant pain in her left knee with occasional cramping of left thigh. She rated her pain as 8/10 in severity. According to an appeal note dated 7/10/14, the provider stated that she was unable to wean the patient from Norco. Her pain has escalated and she is unable to continue working as a caretaker. Objective findings: antalgic gait, swollen and tender left knee, surgery recommended. Diagnostic impression: carpal tunnel syndrome, old bucket handle of medial meniscus. Treatment to date: medication management, activity modification. A UR decision dated 7/18/14 modified the request for Norco #90 to recommend a duration of 1-2 months to achieve weaning target.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Weaning of Medications Page(s): 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #90 was not medically necessary.