

Case Number:	CM14-0124167		
Date Assigned:	08/11/2014	Date of Injury:	03/30/2006
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is 49 a year old male with an injury date on 03/30/2006. Based on the 07/08/2014 progress report provided by [REDACTED], the diagnoses are: 1. Old bucket handle of medial meniscus. 2. Bucket handle tear of lateral meniscus. According to this report, the patient complains of constant, moderate to severe pain in the bilateral knee. The pain is aggravated with prolong walking and standing for more than 1 hour. The patient has full range of motion of the knees. The 04/08/2014 report indicates the patient's knees pain is at a 7/10. The 05/19/2014 report states the pain in the knees is at a 9/10, walking and climbing stairs are painful. There were no other significant findings noted on this report. The utilization review denied the request on 07/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/07/2014 to 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Medications for chronic pain Page(s): 76-78 60,61, 88, 89 80,81.

Decision rationale: According to the 07/08/2014 report by [REDACTED] this patient presents with constant, moderate to severe pain in bilateral knee. The treater is requesting Norco 10/325 #120. Norco was first noted in the 02/07/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Also, MTUS page 78 requires documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors). Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, etc. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.