

Case Number:	CM14-0130098		
Date Assigned:	08/20/2014	Date of Injury:	06/01/2010
Decision Date:	10/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Medicine 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:

This 52- year old woman reported an injury to her L knee after pushing a car on 6/01/10. She is status post L knee arthroscopic surgery on 10/22/10. She continues to have L knee pain. Treatment has included medications, topical creams, physical therapy and injections of Orthovisc. Per the UR report dated 7/15/14, the patient has been prescribed Tramadol and Norco from 9/13 through 2/14. There are multiple progress notes from the primary provider's office in the records available, ranging from 2/5/14 through 6/19/14. Nearly all are signed by a physician's assistant. All document that the patient was taking Norco 10 or an equivalent (Lorcet) as well as Tramadol ER 150 mg, except for the 3/20/14 visit, when both medications were stopped due to "stomach irritation and inadequate pain relief". However, both medications were restarted at the following visit (4/1/14) at the patient's request. On 2/5/14, the patient was documented as being on temporary partial disability, with restricted walking to 60 minutes with a 5-minute break. The walking restriction increased over subsequent visits and ultimately the patient was placed at total disability status. The 5/21/14 progress note lists the patient's pain level as 5-8/10, which is clearly not improved from the level of 7/10 on 2/15/14. The patient was limping, and had pain and limited range of motion with knee exam. Diagnoses included left knee chondromalacia patella and status post arthroscopic surgery of the L knee with moderate to severe L knee degenerative joint disease. Treatment plan included Norco 10/325 one daily for pain, and Tramadol ER 150 mg daily for pain. There are notations of pending active requests for referral for total knee replacement evaluation, and for psychology consult. A 5/20/14 psychological consult notably documents that the patient had an alcohol problem in the past, and that she stopped drinking because she "got saved".

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QD #30/month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioid Hyperalgesia Page(s): 76-77;95.

Decision rationale: Norco 10/325 contains 10 mg of Hydrocodone and 325 mg of Acetaminophen, Hydrocodone is an opioid medication. Per the first MTUS guideline above, opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. Red flags indicating that opioid use may not be helpful should be identified, as should risk factors for abuse. Specific goals should be set, and continued use of opioids should be contingent on meeting these goals. Opioids should be discontinued if there is no improvement in function or if there is a decrease in function. Patients taking opioids sometimes develop abnormal pain, a change in pain pattern, or persistence in pain at higher levels than expected, which are actually a result of taking opioids. This is called opioid hyperalgesia. According to the last MTUS guideline cited above, opioid hyperalgesia should be screened for, as it actually may require weaning off opioids rather than increasing doses. The clinical findings in this case do not demonstrate that any of the above criteria have been met. No assessment was made of whether or not opioid use was likely to be helpful in this patient, or of her potential for abuse. It would appear that she might have significant abuse potential, since she has a history of alcohol abuse. No specific functional goals were set or followed. No evaluation for opioid hyperalgesia has been made. Most importantly, Hydrocodone/APAP was not discontinued when it became clear that it has not produced any functional improvement. The patient's level of function is documented as decreasing over the period from 2/5/14 through 5/21/14. This is more than adequate evidence that this patient is not responding appropriately to this medication, and that it should be discontinued. Based on the evidence-based references cited above and the clinical findings in this case, Norco 10/325 #30/month is not medically necessary because an appropriate assessment was not made for its use in this patient, because no functional goals were set or monitored for its use, and because the patient's level of function has actually decreased while she has been taking it. An additional major issue with the request as stated above is that it does not specify the quantity of Norco being requested. An authorization for this request could therefore result in the patient being prescribed 30 Norco per month for the rest of her life. This is clearly not medically advisable, since her medical condition is unlikely to remain completely unchanged for the rest of her life.