MAXIMUS Federal Services

Case Number:	CM14-0136424		
Date Assigned:	09/03/2014	Date of Injury:	12/05/2012
Decision Date:	09/26/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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, 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 a 61 year old female with an injury date of 12/05/12. Based on 06/11/14 progress report provided by [redacted], the patient complains of continuous sharp pain in her right knee, which radiates to her right posterior hip. Pain level is rated 4/10 throughout the day. The patient states that the medications help relieve the pain. It is stated in progress report 06/11/14 that patient is presently taking trarnadol, Motrin, and Norco 10/325 mg.Physical Exam 06/11/14:- Patient has antalgic gait and uses cane to ambulate- right knee is guarding and tender to palpation- range of motion of right knee: flexion 90 degrees- pain with passive extension and flexion of the right kneeDiagnoses:- enthesopathy of right knee- status post right knee arthroplasty 07/12/13MRI findings of the right knee dated 03/07/14 report presence of intrameniscal degeneration, andmild patellar tendinosis on 03/08/14 report.[redacted] is requesting Norco 10/325mg #120. The utilization review determination being challenged is dated 07/29/14. The rationale is "There is no VAS quantification of pam, with and without medications, There is no documented symptomatic or functional improvement from its previous usage." [redacted] is the requesting provider, and he provided treatment reports from 02/12/14 - 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

Decision rationale: The patient presents with right knee pain and is status post arthroplasty. The request is for Norco 10/325mg #120. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, per progress report dated 06/11/14, treater mentions patient stating "the medications help relieve the pain." In review of reports, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for denial.