

Case Number:	CM14-0155846		
Date Assigned:	09/25/2014	Date of Injury:	07/27/2006
Decision Date:	10/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 underlying date of injury in this case is 07/27/2006. The date of the utilization review under appeal is 08/16/2014. The patient's diagnoses include osteoarthritis of the knee, chondromalacia patellae, and knee pain. The patient was seen in orthopedic followup 08/07/2014. The patient had osteoarthritis of the right knee involving the medial compartment and the patellofemoral joint. The patient recently stopped Motrin because of elevated liver function tests. She was also noted to take Norco for control of her knee pain. She continued to work, and she reported that her knees hurt with prolonged walking or standing activity. On physical examination, the patient had a mild genu varum on standing. The patient's medial and lateral collateral ligaments were stable in the right knee at 0 and 30 degrees of flexion. There was no swelling or site of infection. The patient was neurovascularly intact. The treatment plan included CBC and liver and renal function testing to ensure the patient did not develop side effects from prolonged use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management including documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records in this case outline substantial complexity in titrating benefit versus side effects of antiinflammatory medications versus opioids versus elevated liver function tests. In this situation, close monitoring by a physician is indicated based on the guidelines. Such close monitoring could not be accomplished with a prescription including 6 refills as requested currently. For these reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.