

Case Number:	CM14-0088548		
Date Assigned:	07/23/2014	Date of Injury:	11/27/2011
Decision Date:	12/03/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/12/2014

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 and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 47-year-old male who reported an injury on 11/27/2011 due to an unknown mechanism. The physical examination dated 05/09/2014 did not report any diagnoses. It was reported that the injured worker had completed a functional restoration program about a month prior. The injured worker reported he had not been doing his own program, although he did get much stronger and did well with the program. It was reported that the injured worker had run out of his anti-inflammatories and had increased pain and swelling in his left knee and in the low back. The provider did indicate that he encouraged the injured worker very strongly to do some of the exercises taught to him at home. It was also reported that at the examination on 02/06/2014, the provider prescribed Anaprox 550 mg 1 twice a day in order to help the injured worker to cut down on his Norco intake. The examination revealed tenderness to palpation over the medial and lateral joints of the knees bilaterally. The straight leg raise was positive on the left and negative on the right. Medications were Norco 10/325 mg 1 tablet 3 times a day to 4 times a day, Cymbalta 40 mg 1 twice a day, nortriptyline 25 mg 2 at bedtime, bisacodyl 50 mg, and Celexa 10 mg. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, TID to QID, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, On-Going Management, Weaning of Medicat.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The decision for Norco 10/325 mg, TID to QID, #120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose to be prescribed to improve pain and function. It is also recommended that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be reported. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory respond to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant drug taking behaviors. There was a lack of documentation of objective functional improvement from the use of this medication. There was no VAS pain score levels reported. It was reported that the injured worker ran out of his anti-inflammatory medication and did not call for a refill. The documentation lacks a pain assessment such as current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid medication, and how long the pain relief lasts. In the absence of documentation regarding the requested Norco 10/325 mg, TID to QID, this request is not medically necessary.