

Case Number:	CM14-0091460		
Date Assigned:	09/19/2014	Date of Injury:	07/06/2009
Decision Date:	10/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 53 year-old woman strawberry picker who stepped into a pothole and twisted her left foot, ankle and knee on July 6, 2009. She had left knee arthroscopy in October of 2011. After the surgery, she complained of continued severe knee pain, particularly cold-and rainy-weather related, and knee swelling and was diagnosed with knee arthritis and chondromalacia patella. She had multiple knee injections with pain improvement, aquatic therapy, physical therapy, gym membership, knee taping and was placed on medications including Norco and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids for Chronic Pain; Specific Drug List Page(s): 74-78; 80-81; 91.

Decision rationale: Norco is hydrocodone with acetaminophen, and is indicated for moderate to moderately severe pain. Per the Medical Treatment Utilization Schedule (MTUS), this worker has chronic musculoskeletal pain. Chronic pain can have a mixed physiologic etiology of both

neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Per the Medical Treatment Utilization Schedule (MTUS), under the Criteria for Use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since 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. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. None of these criteria have been fulfilled. This injured worker has chronic knee pain and has been prescribed at least two opioids. However, there is no evidence that non-opioids failed, that her pain has been lessened, that her functionality has improved, that her medications have been decreased, and that her ability to work has increased. Therefore, this request is not considered medically necessary.