

Case Number:	CM14-0097056		
Date Assigned:	07/28/2014	Date of Injury:	11/16/2011
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 injured worker is a 59 year old male who was injured on November 16, 2011 due to ongoing back and knee pain. The diagnosis is listed as sprain of unspecified site of knee and leg. The most recent progress note dated 2/21/14, reveals complaints of frequent left right knee pain with weakness and giving way, and lumbar spine pain that occasionally caused shooting pain into the bilateral lower extremities. Physical examination of the right knee revealed tenderness of the medial joint line and patella, limited range of motion with increased pain and patellofemoral crepitus, 4/5 weakness in flexion and extension, increased medial joint line pain with McMurray's test, lumbar spine, bilateral hips, left elbow, and left knee exam were unchanged. The injured worker was participating in home exercise program which was helpful. While on medication pain is rated a 7 to 8 out of 10 on visual analog scale (VAS) scores and without medication is a 9 out of 10. A prior utilization review determination dated 6/3/14 resulted in denial of Norco 7.5/325 milligrams quantity sixty and home H wave electrical muscle stimulator (EMS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #60 (retro) 02/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 91.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioid, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish trial and failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established based on guidelines and lack of documentation.