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| Case Number: | CM14-0106428 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 11/06/1991 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male who sustained an industrial injury to his bilateral knees on 11/06/1991. The injured worker was diagnosed with bilateral degenerative joint disease and chronic multifocal musculoskeletal pain syndrome of both knees. The injured worker underwent arthroscopic knee surgery twice on the right knee and six times on the left knee. Procedures and dates were not documented. Treatment to date includes diagnostic testing, surgery, transcutaneous electrical nerve stimulation (TEN's) unit, Hyalgan injections and medications. According to the pain management physician's progress report on May 27, 2014, the injured worker was seen for a routine follow-up for his knees. The injured worker rates his pain level at 7-9/10 without medications, reduced to 3-4/10 with Norco with duration of relief lasting 4-6 hours depending on activity level. The injured worker's gait was mildly antalgic but well preserved and improved range of motion was documented. He is able to transition on and off the examination table well. Scattered trigger points/spasms in the hamstrings and quadriceps bilaterally without twitch were noted. Examination of the knees demonstrated tenderness of the superior joint line on the lateral aspects bilaterally. Range of motion of both knees was full with diffuse crepitus. There was no edema noted. Current medications are listed as Norco, Soma, Elavil, Restoril and Voltaren gel. Treatment plan consists of continuing activities while avoiding exacerbating factors, medication regimen as prescribed, follow-up with medical appointment and the current request for Norco 10/325mg for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Refill of Norco 10/325mg PRN #120 for 30 day supply for the purpose of weaning to discontinue with a reduction in medication by 10-20 percent over a period of 2-3 months:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
opioids Weaning Page(s): 82-92, 124.

Decision rationale: According to the guidelines, opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer-acting opioids and then tapered; (g) Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); & (i) Recognize that this may take months. In this case, there is mixed information regarding the Norco dose. The progress note on 3/4/15 indicates the claimant does not need to wean and has good pain control on current dose of Norco. NSAIDs are not tolerated. The weaning protocol requested above is over 2-3 months rather than 2-4 weeks as recommended by the guidelines. The request therefore for Norco as above is not justified, does not meet the guidelines and is not medically necessary.