

Case Number:	CM14-0215882		
Date Assigned:	01/06/2015	Date of Injury:	10/13/2010
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 34 year old female who suffered an industrial related injury on 10/13/10 after tripping and falling onto her left knee. A physician's report dated 6/16/14 noted the injured worker was permanent and stationary with work restrictions. Diagnoses included left partial distal median parapatellar retinacular/capsular tear at the distal pole of patella healed, painful posttraumatic hypertrophied anteromedial prepatellar bursa of the left knee, chondral loose body anterior distal medial left knee, left chondromalacia patellae, low back strain with left lower extremity L5 lumbar radiculitis, L2-L5 spinal stenosis with congenitally short pedicles, L4-S1 mild degenerative facet joint disease with mild bilateral foraminal stenosis and impingement on the exiting right L5 nerve root, and left knee neuropraxia infrapatellar branch saphenous nerve with numbness. The injured worker was prescribed Norco and Ibuprofen. The treating physician's report dated 11/13/14 noted the injured worker had continued complaints of left knee and lower extremity pain. Physical examination findings included positive left knee patellofemoral compression and trace patellofemoral crepitation. The motor functioning was noted to be 5/5 in bilateral lower extremities. Sensation to light touch and circulation of bilateral lower extremities was noted to be intact. Gait was noted to be within normal limits. On 12/8/14 the utilization review (UR) physician modified the request for Norco 10/325 #120. The UR physician noted the Medical Treatment Utilization Schedule guidelines recommend against long term daily use of opioids and if utilized there must be evidence of compliance/monitoring and significant functional and pain improvement. Reports indicate the injured worker has not returned to work

and there was no documentation of functional improvement. Therefore the request was modified to a quantity of 60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that ?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; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.? The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 10/325 mg # 120 is not medically necessary.