

Case Number:	CM14-0051392		
Date Assigned:	06/23/2014	Date of Injury:	12/03/2012
Decision Date:	01/29/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 40 year old male was a laborer when he sustained an injury on Dec 3, 2012. He was struck on the anterior aspect of right knee by a camper shell that a co-worker was pushing, which caused him to fall down. Past treatment included activity modifications, crutches with progression to a cane, a knee support, a hinged knee brace, x-rays, and medications. The records refer to 2 prior courses of physical therapy, but do not provide specific dates of service or results. On December 10, 2012, a MRI of the right knee revealed a medial meniscal contusion with mild chondromalacia patella. Recent signs and symptoms included a slower gait and increased pain. The injured worker reported mild pain and able to walk normally with medications. His pain was severe pain without medications. He reported his leg started to sweep and his walking changed when the medication began to wear off. On February 13, 2014, the treating physician noted the injured worker was able to do his self-care activities with medication. The physical exam revealed a right knee brace in place, slight swelling of the anterior knee, tenderness to palpation of the anterior right knee, slow gait velocity, and slight favoring of the right lower extremity. Diagnoses included a medial meniscal contusion with mild chondromalacia patella. The physician recommended continuing the current anti-inflammatory and analgesic medications, use crutches as needed, a request for a third surgical opinion, a urine drug screen, and follow up with the agreed medical evaluator. Current work status is modified. On March 13, 2014, Utilization Review non-certified a retrospective prescription for Norco 5/325mg QD (everyday) #30 and modified a retrospective prescription for Norco 10/325mg QD #60. The Norco 5/325mg QD #30 was non-certified and the Norco 10/325mg QD #60 was modified based on documentation of the injured worker being able to do his self-care activities with medication. It was unclear as to why the injured worker needed the strong opioid medication, rather than a trial of another first line treatment non-steroidal anti-inflammatory medication or a weaker opioid medication. The Norco

10/325mg QD #60 was modified for taper and discontinuation. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Opioids, specific drug list was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. RETRO NORCO 5/325MG OD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: RETRO NORCO 5/325MG OD #30 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

2. RETRO NORCO 10/325MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: RETRO NORCO 10/325MG BID #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.