MAXIMUS Federal Services

Case Number:	CM15-0011059		
Date Assigned:	01/28/2015	Date of Injury:	09/28/2013
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on 8/28/2013. The current diagnoses are severe left ankle sprain/strain - status post-surgery (8/20/2014) and left knee sprain/strain. Currently, the injured worker complains of left ankle and knee pain. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting Norco 5/325mg #60, which is now under review. On 12/22/2014, Utilization Review had non-certified a request for Norco 5/325mg #60. The Norco was non-certified based on insufficient documentation or rationale. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, quantity: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the knee and ankle. The request is for NORCO 5/325MG, QUANTITY 60. The request for authorization is dated 12/01/14 for therapy 2x4 weeks left knee/ankle and Norco. The patient is status-post left ankle surgery 08/20/14. Patient has negative valgus and varus instability and negative McMurray's. Patient has good range of motion. Patient has had sessions of physical therapy and continues with home exercise program. Patient is on modified work duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater has not provided reason for the request. The patient has been prescribed Norco since at least 09/03/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.