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| Case Number: | CM15-0015047 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 09/06/2012 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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: Preventive Medicine, Occupational Medicine

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 54 year old female, who sustained an industrial injury on 9/06/2012. While bending down to check items in a safe she felt a pop in her right leg above the kneecap. The diagnoses have included right knee pain and degenerative joint disease. Treatment to date has included medications, modified work restrictions, surgical intervention, physical therapy, aquatic therapy, and injections. Magnetic resonance imaging (MRI) of the right knee dated 9/27/2012 revealed a radial tear in the posterior horn of the medial meniscus, suspected grade 1 strain of the MCL and she underwent right knee arthroscopy on 11/16/2012. Currently, the IW complains of persistent right knee pain rated as 7-8/10. Her left knee pain and back pain have been escalating. Pain medications allow her to slightly increase her activity. Objective findings included tenderness to the joint line of the right knee, 4/5 strength upon flexion and extension. There is lower back tenderness at the facet joint with spasms noted at the paraspinal muscles. There is diffuse tenderness in the left knee with minimal motion of bilateral knee extension or flexion. Magnetic resonance imaging (MRI) of the lumbar spine dated 12/23/2014 revealed small focal disc herniation at T10-11, descending left paracentral free disc fragment at L2-3 with mass effect upon the adjacent left sided nerve roots, moderate narrowing of the intervertebral discs and moderate facet arthropathy throughout the lumbar spine. On 12/23/2014, Utilization Review non-certified a request for Norco 10/325mg, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines were cited. On 1/22/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. This injured worker is being treated chronically with opioid pain medications. The medical reports indicate that Norco decreases her pain and help her increase her activity slightly, however, there are no objective findings that indicate Norco is providing functional improvement. The injured worker has not returned to work, and there are not interval changes that indicate the use of Norco is improving her function. Aberrant drug behavior is not assessed or addressed, and attempts to wean or minimize the use of Norco are not discussed. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325MG, #90 is determined to not be medically necessary.