

Case Number:	CM15-0170463		
Date Assigned:	09/11/2015	Date of Injury:	01/09/2013
Decision Date:	10/08/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/29/2015

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 34 year old male, who sustained an industrial injury on January 9, 2013, incurring left knee injuries. He was diagnosed with left patella chondromalacia. He underwent a left knee arthroscopy medial meniscectomy on March 25, 2014. He noted this surgery relieved approximately 65% of his pain. Treatment included pain medications, anti-inflammatory drugs, massage therapy, physical therapy and home exercise program, and activity restrictions with job modifications. Currently, the injured worker complained of persistent left knee pain. He noted pain with certain movements during range of motion testing. X rays were unremarkable. Currently, the injured worker complained of intermittent left knee pain radiating into the left thigh with popping, grinding and locking sensation of the left knee. He noted weakness and instability in the left knee and symptoms were increased with exercises and climbing stairs. The injured worker had difficulty with activities of daily living such as driving and any activities that required kneeling and squatting. The treatment plan that was requested for authorization on August, 29, 2015, included a prescription for Norco 10-325 mg #60 with two refills. On July 25, 2015, a request for a prescription for Norco was modified to Norco 10-325 mg #40 with no refills by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic January 2013 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325 mg Qty 60 with 2 refills is not medically necessary and appropriate.