

Case Number:	CM15-0172304		
Date Assigned:	09/14/2015	Date of Injury:	09/04/2000
Decision Date:	10/15/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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 55 year old male, who sustained an industrial injury on September 4, 2000. He reported right knee pain and swelling. The injured worker was diagnosed as having status post right knee arthroscopy with ACL repair and debridement and medial meniscectomy with ongoing chronic pain with valgus deformity and severe underlying degenerative joint disease of the right knee per post-surgical imaging studies. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right knee, medications and work restrictions. Currently, the injured worker continues to report right knee pain and swelling. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was surgically without resolution of the pain. Evaluation on February 17, 2015, revealed continued pain as noted. He rated this pain at 9 on a 1-10 scale with 10 being the worst and reduced at best to 4 on a 1-10 scale with 10 being the worst with the use of medications. Flexion of the right knee was noted to be 110 degrees. Severe crepitus was noted on flexion and extension. Medications including Norco and Zorvolex were continued. It was noted urinary drug screens were consistent with expectations. Evaluation on June 8, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. He noted his pain was rated at 4 at best with the use of medications. Medications were continued. It was noted urinary drug screens have been consistent with expectations. The RFA included a request for Norco 10/325mg #150 that was modified and Zorvolex (Diclofenac) 35mg #90 that was non-certified on the utilization review (UR) on August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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. The injured worker has been taking Norco for a significant period and has been taking 5 per day to manage pain. He is a currently worker truck driver. This medication has been recommended for weaning only on 3 separate occasions. 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 #150 is determined to not be medically necessary.

Zorvolex (Diclofenac) 35mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Zorvolex (Diclofenac) Section.

Decision rationale: The MTUS guidelines do not address the use of Zorvolex specifically, therefore, alternative guidelines were consulted. Per the ODG, Zorvolex (Diclofenac) is not recommended except as a second-line option, because diclofenac products are not recommended as first-line choices due to potential increased adverse effects. An oral NSAID is indicated in this case, however, Zorvolex is not recommended as a first-line agent. There is no indication that the injured worker has failed with a first line agent. The request for Zorvolex (Diclofenac) 35mg #90 is determined to not be medically necessary.

