

Case Number:	CM15-0178578		
Date Assigned:	09/14/2015	Date of Injury:	03/26/2007
Decision Date:	10/27/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hawaii

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 65-year-old female, who sustained an industrial injury on 3-26-2007. Medical records indicate the worker is undergoing treatment for knee pain, knee degenerative arthritis and medial meniscus tear with left knee arthroscopy on 6-11-2015. A recent progress report dated 7-15-2015, reported the injured worker noted minimal pain and improvement since surgery with a pain rating of 3 out of 10 while taking Ibuprofen and Norco. Physical examination revealed minimal left knee tenderness with 5 out of 5 strength in quadriceps and hamstrings. Treatment to date has included surgery, Ibuprofen and Norco. The physician is requesting Ibuprofen 800mg, 1 tablet orally three times a day, #90 and Norco 10-325mg, 1 tablet every 4 to 6 hours as needed, #90. On 7-23-2015, the Utilization Review noncertified Ibuprofen 800mg, 1 tablet orally three times a day, #90 and Norco 10-325mg, 1 tablet every 4 to 6 hours as needed, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, 1 tablet orally three times a day, #90: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Ibuprofen 800mg, 1 tablet orally three times a day, #90. The treating physician report dated 7/15/15 (32B) states, "The patient states that she is only taking 2 Norco a day and 2 Ibuprofen a day for the pain and would rate her pain 3/10." Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The medical reports provided show the patient has been taking Ibuprofen since at least 3/11/15 (64B). In this case, the current request may be medically necessary but a record of pain and function with the medication was not found in any of the medical reports provided for review. The current request does not satisfy the MTUS guidelines, as there is no documentation in the medical reports provided, of functional improvement or evidence of the medications efficacy in treating the patient's symptoms. The current request is not medically necessary.

Norco 10/325mg, 1 tablet every 4 to 6 hours as needed, #90: 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, criteria for use.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Norco 10/325mg, 1 tablet every 4 to 6 hours as needed, #90. The treating physician report dated 7/15/15 (32B) states, "The patient states that she is only taking 2 Norco a day and 2 Ibuprofen a day for the pain and would rate her pain 3/10." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 3/11/15 (64B). The report dated 7/15/15 (32B) notes that the patient's pain is 3/10 while on current medication. The patient discussed no adverse effects or adverse behavior. The patient has not returned to work. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Norco. The current request is not medically necessary.