MAXIMUS Federal Services

Case Number:	CM15-0063348		
Date Assigned:	04/09/2015	Date of Injury:	08/21/2008
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/03/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 33 year old male who sustained an industrial injury on 8/21/08 resulting in a right knee sprain and low back sprain. Conservative measures failed. He had knee surgery in 5/2009, 8, 2010 and 10/2011. He did not improve and declined back surgery. Psychological assessment indicated that he was severely depressed. He currently complains of low back pain, right foot, ankle and knee pain. His pain intensity is 7/10 for the knee and back and 5-6/10 for the right foot. He has sleep difficulties. Medication is Voltaren gel, Norco, Elavil and Atarax. Diagnoses include chronic right knee pain, status post partial medial and lateral meniscectomy (8/17/10) and status post right knee surgery 10/27/11; chronic right foot pain secondary to antalgic gait and ligamentous injury of his right foot; chronic low back pain with lateral disc protrusion at L4-5 effacing and probably impinging upon the descending L5 nerve root on the left; chronic anxiety and depression, secondary to chronic pain. Treatments to date include physical therapy, medications. Diagnostics include lumbar MRI showed disc protrusion (12/5/09); right knee MRI (12/5/09) showed meniscal re-tear; electrodiagnostic studies (4/12/10) normal; right knee MRI (post-surgeries) showed further degeneration and tearing of the medial meniscus but not the lateral meniscus (3/17/11). In the progress note dated 11/10/14 the treating provider's plan of care requests Norco and notes the injured worker gets relief of pain from the Norco resulting in increased physical and psychosocial functioning. There is no evidence of abnormal behavior or non-compliance. He has no side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function. Therefore this request is not medically necessary.