

Case Number:	CM13-0063655		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2000
Decision Date:	04/14/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year-old female with date of injury of 1/30/2000. The mechanism of injury was a popping of her knee which was sustained while pulling a cart during her normal job duties. Claimant has had longstanding use of narcotic medication since at least 2005. Patient underwent total right knee arthroplasty in February of 2013. The orthopedic physician's progress report dated 3/18/2013 states subjective complaints: She insists that her low back pain has resulted from her knee injuries. Objective findings: Unable to deep knee bend, patellar joint pain, medial joint pain and lateral joint pain on right and left. Diagnosis: Status post left knee arthroscopic surgery, major depression currently being treated with medication, osteoarthritis of the left knee, and total knee replacement of the right knee. The medical record is documentation of hydrocodone use back to 2005. Medications: 1. Norco 10/325 mg q.i.d. 2. Prilosec 20 mg, b.i.d. 3. Neurontin 600 mg, b.i.d. 4. Ativan 1 mg t.i.d. p.r.n. 5. Zofran 4 mg one q. day p.r.n. 6. Procardia 10 mg b.i.d. 7. Lidoderm patch 1-2 q. day 8. Benadryl 50 mg t.i.d. 9. Flector patch one q. day.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Total Knee Replacement, Chronic Pain Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, Norco is not medically necessary.