

Case Number:	CM14-0001199		
Date Assigned:	01/22/2014	Date of Injury:	03/28/2001
Decision Date:	06/12/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 66 year old female who was injured on 03/28/2001 she tripped and fell on a carpet runner while walking down a hallway, resulting in acute left shoulder bilateral knee injuries. Prior treatment history has included the patient underwent a left shoulder rotator cuff repair as well as bilateral total knee replacement. She has had corticosteroid injection as well as manipulation under anesthesia. Progress report dated 08/29/2013 documented the patient is in for a checkup one month after her cortisone injection to her left knee. Patient states the cortisone injection relieved her symptoms for one day. She also says her pain and swelling is worse than before the injection. Her current pain level is 7/10. Patient states she takes hydrocodone 4-6 times a day for the pain. Objective findings on examination of her left knee reveal she has a range of motion of 0-110 degrees of flexion. She has a 3+ effusion. She has a positive McMurray sign and positive reverse McMurray sign. One plus crepitation is noted at the joint line with flexion and extension. Impression: Left joint replaced knee. UR report dated 12/20/2013 denied the request for Norco 7.5 mg #720 because of the excessive amount of narcotics prescribed "720" for one month use would not be justified without ruling out other causes of the claimant's current pain complaints to the knee. Further consideration may need to be given in regard to possible pain management referral, a chronic pain specialist or more importantly , a better idea as to why continued discomfort continues to occur at this stage following joint replacement procedure, for which statistically and historically have very good pain improvement ratings.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5MG #720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 74-96.

Decision rationale: This is a request for Norco 7.5 mg #720 for a 66 year old female with chronic left knee pain status post knee replacement. CA MTUS guidelines recommend opioids for chronic pain if objective improvement in pain and function can be established. However, the provided records do not establish improvement in pain or function. The patient continues to complain of severe pain and is not working. Medical necessity is not established.