

Case Number:	CM14-0017575		
Date Assigned:	04/18/2014	Date of Injury:	06/10/1999
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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:

Patient has submitted a claim for pain in the right knee associated with an industrial injury date of 6/10/1999. Treatment to date has included intake of medications namely, Norco, 7.5/325, Vicodin 5/325 mg/tab, Lidoderm patch 5%, Mobic 15mg/tab, Ranitidine 150mg, Cymbalta 60mg, Elavil 25 mg/tab, and Dexilant 60mg/tab which were prescribed since at least April 2013. Medical records from 2012-2014 were reviewed which showed constant throbbing pain in the right knee and swelling. She uses walker to ambulate. Her current pain scale is 9/10 without medication and 7/10 with medication. Patient can stand for 20 minutes and can walk 1.5 blocks and able to sit for 30 minutes. She has problem with dressing especially putting on her shoes and socks. Physical examination showed atrophy of the right thigh and calf secondary to disuse. Flexion of right knee is 100 degrees, extension is 0 degrees. There is crepitus on passive range of motion from flexion to extension. Patellar compression is painful. Apprehension sign is negative. McMurray sign is also negative. There is valgus laxity with stress testing of the knee joint. MRI of the right knee, undated, showed no internal derangement, but an incidental finding of enchondroma with negative bone scan. X-ray of the right knee, undated, showed osteopenia and joint effusion. Utilization review from 02/05/2014 denied the request for a prescription of Norco, 7.5/325 #60 because claimant has no written opioid agreement that she should undergo urine toxicology to ascertain compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 #60 FOR DIAGNOSIS OF CRPS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2.

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

Decision rationale: As stated on page 78, Opioids Section of CA MTUS Chronic Pain Medical Treatment Guidelines, Norco is indicated for moderate to moderately severe pain. The guidelines further detail the recommendation for the "4 A's" for ongoing monitoring of patients on opioid analgesics as analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. In this case, the patient has been taking Norco 7.5/325mg/tab since 2011 for breakthrough pain. Patient required one to two tablets of Norco in a day depending on pain severity. Patient reported that her right knee pain was graded 10/10 in severity, and relieved to 7/10 upon intake of medications. She likewise noted of 50% functional improvement with its use and urine drug screens revealed consistent results. The guideline criteria have been met. Therefore, the request for Norco 7.5/325mg/tab #60 is medically necessary.