MAXIMUS Federal Services

Case Number:	CM14-0121739		
Date Assigned:	08/06/2014	Date of Injury:	03/30/2000
Decision Date:	09/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female with a work injury dated 3/31/00. The diagnoses include osteoarthritis. She has had prior surgery and is status post L4-5 anterior lumbar interbody fusion in 2007 and status post right total knee arthroplasty in 2013.Under consideration is a request for Norco 10/325mg one by mouth every 6 hours #90.There is a primary treating physician report dated 6/25/14 that states that the patient complains of persistent bilateral knee pain. She has aching, burning, stabbing pain in her low back that she rates 6-7/10. She has throbbing pain in her right knee. She is not attending any therapy. On exam she is alert and oriented and in no acute distress. She has a normal gait .Flexion is 100 degrees. Extension is 10 degrees. There is 4+ quadriceps and hamstrings muscle strength. Lower extremity reflexes are +2 bilateral and symmetrical. There is no significant change in the patient's physical examination when compared to last visit. There is no swelling, erythema or signs of infection. There is no instability. The discussion states that the patient continues to have significant back and right knee pain. Overall, she is doing better status post total knee arthroplasty. The physician states that he will prescribe Norco l0/325 mg, one p.o. q.6 p.r.n., #90, which will be utilized for breakthrough pain. The document states that the diagnoses have not changed. The documenting physician states that the patient has a chronic condition and has had the use of' other medications. A review of the chart reveals that the patient has been using Norco for a prolonged period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one by mouth every 6 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Knee Complaints, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco 10/325mg one by mouth every 6 hours #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS opioid guidelines recommend documentation of current risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and patient as well as ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication use. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation indicates that the patient has been on long term Opioid. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore Norco 10/325mg one by mouth every 6 hours #90 is not medically necessary.