MAXIMUS Federal Services

Case Number:	CM14-0126487		
Date Assigned:	08/13/2014	Date of Injury:	09/07/2012
Decision Date:	09/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/09/2014

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 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 injured worker is a 51-year-old female who sustained a specific work-related trip and fall injury to the left knee on 9/7/12 while employed as a Special Ed Aide with [redacted]. She had persistent left knee pain since then. She eventually underwent total knee arthroplasty and postsurgical therapy. The patient has a history of prior complaints of left knee pain. She admits sustaining an injury to her left knee earlier in 2000 and she apparently did have meniscectomy and some type of arthroscopic procedure. From her most recent report on 7/1/14, the patient continues to have chronic recurrent complaints of left knee and low back pain and rates her pain as 7-8/10. She reportedly states that she has been having much more difficulty as the Norco has not been authorized. She feels that with Norco her pain levels decline to a 4-5/10 allowing her to increase her ability to perform her ADLs. She strongly feels that without Norco use her ADLs are very limited and she is unable to stand for any period of time due to increased pain. Any prolonged standing or walking exacerbates her pain. On her recent exam there is tenderness in both the medial and lateral compartments of left knee. Range of motion is decreased in flexion 120/150 degrees and in extension is -20/0 degrees. She was unable to do a complete squat and ambulates with the assistance of a cane. She was taking Metformin 500 mg, Lisinopril 5 mg, Norco 10/325 mg, Celebrex 200 mg, and Simvastatin 5 mg. She has allergies to Penicillin and all acid-reflux pills. Diagnoses include history of internal derangement of the left knee with total knee arthroplasty, chronic left knee pain and chronic lumbar strain and pain secondary to gait alteration. Request for Norco 10/325 mg #90 was previously denied in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, or ongoing attempts with non-pharmacologic means of pain management such as home exercise program. There is no evidence of return to work. Furthermore, long acting opioids may be indicated in constant pain; whereas Norco may be indicated in intermittent or breakthrough pain. Therefore, the medical necessity of Norco has not been established based on guideline