

Case Number:	CM14-0164722		
Date Assigned:	10/09/2014	Date of Injury:	06/29/2013
Decision Date:	11/10/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 58-year-old male with a date of injury of 6/29/13. Injury occurred when he was bending down to unload boxes in an aisle and his right knee hit a case of cans, causing swelling and pain. He underwent right knee endoscopic prepatellar bursectomy on 1/28/14 without significant lasting relief and residual difficulty in squatting, bending, kneeling, sitting, prolonged standing and walking. Records indicated that Norco was prescribed initially on 6/3/14 for grade 4-9/10 right knee pain. The 6/6/14 right knee magnetic resonance imaging (MRI) impression documented lateral meniscus tear, semimembranosus tendinosis, and quadriceps insertional tendinosis associated with patellar enthesopathy. There was patellar insertional tendinosis associated with old Osgood-Schlatter's disease, and an osteochondral lesion at the tibial plateau, with large extensive subjacent intraosseous ganglion cyst. There was medial and lateral femorotibial joint space narrowing, patellofemoral joint osteoarthritis, grade II patella chondromalacia, and a retro-cruciate soft tissue ganglion cyst. The 8/26/14 treating physician report cited on-going right knee pain, ranging from 3/10 to 6/10. Physical exam documented moderately antalgic gait. Right knee exam documented range of motion 0-130 degrees with prepatellar fullness and swelling. There was painful patellofemoral crepitus with motion. The knee was stable to varus/valgus stress at 0-30 degrees. There was 5-/5 quadriceps strength and 5/5 hamstring strength. The diagnosis was right hip trochanteric bursitis, and persistent right knee prepatellar bursitis, chondromalacia patella, lateral meniscus tear, osteochondral lesion at the tibial plateau, and retro-cruciate soft tissue ganglion cyst with degenerative joint disease. The treatment plan requested #90 Norco 10/325 mg to help relieve symptoms from this industrial injury and work conditioning physical therapy 3 times 4. The 9/15/14 utilization review modified a request for Norco 10/325 mg #90 to Norco 10/325 mg #30. The rationale stated that it could

not be determined whether the injured worker had been on narcotics in the past or this prescription was for a medication not previously taken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80,91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for on-going use of Norco in the absence of guideline required documentation. There is no current documentation of objective measurable functional improvement with the use of this medication over the prior 3 months. Records suggest a mild reduction in pain complaint. The 9/15/14 utilization review partially certified this request for Norco 10/325 mg #90 to #30 to allow for weaning. This additionally allows the treating physician time to provide documentation consistent with guidelines to support long-term use. There was no compelling reason to support the medical necessity of medication beyond the current certification. Therefore, this request is not medically necessary.