MAXIMUS Federal Services

Case Number:	CM14-0022434		
Date Assigned:	05/09/2014	Date of Injury:	07/15/1988
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 66-year-old injured on July 15, 1988 due to undisclosed mechanism of injury. Current diagnoses included status post left total knee arthroplasty with cement mantle separation from bone of the left distal femoral component and right knee osteoarthritis. Clinical documentation dated January 7, 2014 indicated the injured worker presented complaining of bilateral knee pain rated 7/10. The injured worker was authorized for right knee total knee arthroplasty; however, she had not been able to complete her pre-operative testing and clearance process. The injured worker continued to perform home exercise program and stretching routine as tolerated. Objective findings revealed decreased left knee range of motion, anterior laxity with drawer sign with negative for posterior instability, some valgus instability, positive patellofemoral crepitus, negative McMurray sign, and 4/5 quadriceps and hamstring strength. Current medications included Norco 10/325mg two to three times per day. The injured worker reported medications decreased pain from 7 to 4/10. The initial request for Norco 10/325mg #90 with one refill was non-certified on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, NINETY COUNT WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, Criteria for Use Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. The request for Norco 10/325 mg, ninety count with one refill, is not medically necessary or appropriate.