MAXIMUS Federal Services

Case Number:	CM14-0028626		
Date Assigned:	06/16/2014	Date of Injury:	02/03/1995
Decision Date:	11/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 Pain Management 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 64 years old male with a date of injury on 2/03/1995. Per records dated 11/19/2013, the injured worker underwent right hip trochanteric bursa injection which he tolerated well. Per 1/21/2014 records, the injured returned for a follow-up. He reported that he had right hip trochanteric bursa injection on 11/19/2013 and has been doing very well after that. He also noted continued improvement. However, he reported that he does have some residual discomfort but not the burning pain he had. He reported that his knees were becoming more symptomatic. He reported that he had bilateral Synvisc One injections in his knees in 5/2013 which helped him a great deal which lasted more than 6 or 7 months. On examination, he was noted to be significantly obese and has antalgic gait. Both knees were painful. He has mild tenderness over the right hip trochanteric bursa. Both knees revealed somewhat guarded range of motion particularly on the left. Most recent records dated 4/22/2014 noted that he presented issues with bilateral knee osteoarthritis. He also has comorbid issues with significant obesity. He also has had some heart issues that have delayed him proceeding with bariatric surgery. On examination, he was noted to be morbidly obese. He has antalgic gait. He has decreased range of motion with guarding particularly on the left. He has pain at end range of motion. He is diagnosed with bilateral knee osteoarthritis, status post five left knee surgeries, including osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 PO Q 8-12 H #90, 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: Evidence-based guidelines generally do not recommend long-term use of opioids in general. However, if it is going to be used in the chronic term, the clinical presentation of the injured worker should be able to satisfy the criteria for ongoing management and when to continue opioids. In this case, the provider failed to indicate any objective or measurable pain scores that can be used to compare the effects of opioids. Records also do indicate that there has been no significant change with the objective findings of the injured worker and there is no indication of a significant increase in functional activities. Also there is no indication that a urine drug screening has been performed for drug compliance monitoring. There is also no indication that the injured worker has returned to work as well as no indication that there are extenuating factors that would warrant continued use of opioids. Based on these reasons, the medical necessity of the requested Norco 10/325 mg 1 PO Q 8012 H #90 with 2 refills is not established.