

Case Number:	CM14-0040150		
Date Assigned:	06/27/2014	Date of Injury:	12/31/1999
Decision Date:	08/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/05/2014

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 Occupational Medicine 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 patient is a 61 year old male who was injured on 12/31/1999 while he was working. Mechanism of injury is unknown. Prior treatment history has included arthroscopic surgery to the right knee on 05/11/2000, total knee replacement on 04/04/2002 and right total knee replacement on 03/13/2003. Progress note dated 03/06/2014 documented the patient to have complaints of pain, which is controlled with MS Contin and Norco. He is able to walk two blocks, stand for 30 minutes, sit 60 minutes and lift up to 20 pounds with medication. The patient states that without medication it is very bad. He is able to transfer from sit to stand with stiffness/guarding and ambulates with a stiff gait. He has functional range of motion and strength of the upper and lower extremities. He has bilateral equal intact sensation to light touch. He has limited range of motion of the back in all directions with tenderness throughout the spinous process. He has crepitus in the right and left knee with movement, which is not tender to palpation. The patient was diagnosed with low back sprain/strain, bilateral knee strain and osteoarthritis of both knees. The following medications were recommended: Norco 10/325 mg #90, MS Contin 30 mg, Metformin 500 mg, Topiramate 50 mg, Aspirin 81 mg and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are indicated for moderate to severe pain. Long-term use, though controversial, may be warranted if efficacy is demonstrated. Long-term efficacy, over 16 weeks, is not clear for chronic low back pain. In this case the patient, a 61-year-old male injured on 12/31/99, is prescribed Norco on a long-term basis for chronic low back and bilateral knee pain. However, medical records fail to demonstrate clinically significant functional improvement, pain reduction, improved quality of life, or reduction in dependency on medical care from use of Norco. Medical necessity is not established.