

Case Number:	CM14-0044381		
Date Assigned:	06/20/2014	Date of Injury:	09/19/2006
Decision Date:	07/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 57 year old female with a date of injury of 09/2003. The mechanism of injury was slipping on a piece of cardboard while carrying a load in her hands. She landed on her right knee anteriorly. Her evaluation and treatment included MRI of knee, arthroscopy with excision and shaving of mensici and osteophytes in 2007. She had been treated with Norco at least since 2007. She had a total knee replacement on right side in 2011. Her subjective complaints included ongoing kneepan. On examination, her right knee flexion was 85 degrees and there was full extension at 0 degrees. An x-ray of bilateral knees in 2013 showed right knee arthroplasty to be well seated and well aligned. Her last progress notes from the treating provider dated 02/11/14 reports subjective symptoms of knee pain that was the same as before. Range of motion was noted to be 0 degrees to 95 degrees of the right knee with mild joint laxity at 40 degrees. The knee was noted to be tight in extension. The diagnosis was right knee replacement with residual. The plan included Norco 10/325mg 1 tablet PO BID for #60 tablets. She was working full duty without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term assessment Page(s): 80, 88-89.

Decision rationale: The employee was being treated for chronic right knee pain after injury. She was status post total knee replacement with residual pain. She was on Norco as needed since at least 2007 and had various other treatments including diagnostic arthroscopy and total knee replacement. Her pain was improved except for aching which was well controlled with pain medications according to the notes from July 2013. In addition, she was also on NSAIDs which were held due to her recent unrelated surgery. She was working full time. According to MTUS guidelines, Opioids can be continued for pain if the patient has returned to work and if the patient has improved functioning and pain. In addition, pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. In addition, the recommendation is not to lower the dose if it is working. Since the employee had been on Norco for several years, was working full time and had improved pain with medications, the request for Norco 10/325mg #60 is medically necessary and appropriate.