

Case Number:	CM14-0056466		
Date Assigned:	07/09/2014	Date of Injury:	03/26/2008
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 67 year old female with a date of injury on 3/26/2008. Diagnoses include degenerative joint disease left knee, chronic lumbosacral pain, status post medial condyle fracture repair, and right total knee arthroplasty 9/13/12. Subjective complaints are of pain in the knees and both hips. Pain is constant along the lateral left knee. Physical exam showed limited low back range of motion and tenderness and decreased range of motion in both hips. Left knee had reduced range of motion and pain over the lateral joint, patellofemoral, and medial joint line. Right knee had decreased range of motion and lateral tenderness. Prior treatments include Orthovisc, medications, brace and cane. Medications include Aspirin, Detrol, Keppra, Lisinopril, Metformin, Simvastatin, Xarelto, Norco, Soma, Tramadol, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg, qty 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 108.

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

Decision rationale: The patient in question has been on chronic opioid therapy. Chronic Pain Medical Treatment Guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Furthermore, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Norco is not medically necessary.