

Case Number:	CM14-0059943		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2003
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 62 year old male who reported an injury to his right knee when he fell off a ledge while carrying materials on 05/13/03. The clinical note dated 07/01/11 indicated the injured worker complaining of right knee symptoms. The injured worker also underwent a second arthroscopic procedure in 2005. The injured worker continued with persistent pain and swelling and instability. The injured worker underwent total knee replacement in 2009. The injured worker currently rated the ongoing right knee pain as 3-8/10. The injured worker utilized a cane for ambulatory assistance. Upon exam the injured worker demonstrated 8-110 degrees of range of motion. A clinical note dated 09/13/13 indicated the injured worker continuing with left knee pain despite course of conservative treatment. The injured worker utilized Ultram for pain relief. The clinical note dated 11/08/13 indicated the injured worker being recommended for the use of hydrocodone and tramadol. A clinical note dated 01/07/14 indicated the injured worker continuing with Norco. The injured worker stated he had to use two Norco's at a time in order to receive better pain relief. The injured worker was also identified as utilizing tramadol. A clinical note dated 01/14/14 indicated the injured worker rating the right bilateral knee pain 5/10 on the visual analog scale. The injured worker completed his activities of daily living with no difficulty. The injured worker reported ongoing strength deficits at bilateral knees. A clinical note dated 03/24/14 indicated the injured worker completing a full course of physical therapy. The injured worker reported ongoing locking at both knees. The injured worker denied any recent falls. The injured worker continued with Norco for breakthrough pain. The utilization review dated 04/01/14 resulted in then modified approval for Norco. The injured worker was recommended for a weaning process from Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Norco. Decision based on Non-MTUS Citation Washington, 2002; Colorado, 2002; Ontario, 2000; VA/DoD, 2003; Maddox-AAPM/APS, 1997; Wisconsin, 2004; Warfield, 2004; Benzon, 2005;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Guidelines, injured workers 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. There are no documented visual analog scale pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.