

Case Number:	CM14-0112051		
Date Assigned:	08/01/2014	Date of Injury:	07/13/2009
Decision Date:	04/21/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 71 year old male who sustained an industrial injury to his left knee on July 13, 2009. The injured worker underwent two left knee surgeries and a subsequent total knee arthroplasty with a revision in November 2013. The injured worker was diagnosed with degenerative joint disease. According to the primary treating physician's progress report on June 25, 2014 the injured worker has less pain in the knee since the last revision with improved range of motion and has steadily been decreasing his pain medication. On physical examination, there was tenderness and sensory deficits between the knee and the foot and decreased extension of the left knee. Current medications consist of Norco, Lidoderm patches and Effexor. Treatment plan consists of decreasing medication dosage; continue with home exercise program, adding Ativan for anxiety and stress, transcutaneous electrical nerve stimulation (TEN's) home unit and the current request for the lower dose of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #40, 2 Units/Days Requested: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg # 40 (two units per day) is medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnosis is degenerative joint disease left knee. The earliest progress note in the medical records dated January 24, 2014. The injured worker was taking MS Contin 15 mg and Norco 7.5 mg. The plan was to taper MS Contin over the subsequent weeks. Progress note dated February 27, 2014 shows the injured worker has tapered and discontinued MS Contin and is presently taking Norco 7.5 mg QID. A progress note dated April 23, 2014 shows the injured worker is now taking Norco 5/325 mg Q8H. In the June 25, 2014 progress note, the injured worker is prescribed Norco 5/325 mg Q8 hours but admits to taking Norco b.i.d. There is no risk assessment in the medical record; however, a urine drug screen performed January 2014 was consistent with medications being taken. The utilization review indicates the request for authorization contained a request for Norco 5/325 mg #80 that was modified to #40. It appears the injured worker has been tapering opiates as far back as January 24, 2014 through the present. An appropriate reduction in the total quantity of Norco 5/325 mg to #40 is congruent with the injured workers self-reduction in Norco use. There is no request for authorization in the medical record for Norco 5/325 mg #80. Consequently, the documentation indicates the injured worker has been tapering opiates in good faith and, as a result, Norco 5/325 mg #40 is medically necessary.