

Case Number:	CM14-0184761		
Date Assigned:	11/12/2014	Date of Injury:	02/02/2004
Decision Date:	12/03/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/06/2014

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 70 year old female, who sustained an industrial injury on February 2, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having osteoarthritis localized primary involving lower leg, internal derangement of knee not otherwise specified, leg joint pain and genu varum. On October 22, 2014, the injured worker complained of left shoulder, right knee, left knee and lower back pain. On the day of exam, she stated that her pain had recently increased and she had significant fluid building up. Her current right knee pain was rated as a 9 on a 1-10 pain scale. She was noted to continue to take Vicodin 350mg as needed. Physical examination of the right knee revealed range of motion from 10-95 with mild swelling. Medial and lateral McMurray tests were painful. There was increased pain over the patella-femoral joint on compression. The injured worker had swelling and positive Homan's sign of the right leg. She had an antalgic gait favoring the right leg. The treatment included in the medical review to this date of exam included diagnostic studies and medication. The treatment plan included a renewed prescription for Norco 7.5-325 with precautions. On November 6, 2014, utilization review denied a request for post-operative Norco 7.5-325mg #100 with no refills for management of symptoms related to possible right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG 1-2 Tablet Every 8 Hours As Needed Qty: 100 with No Refills:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The patient is noted to have had recent surgery, total knee replacement. She reports continued pain. Due to the recent surgery, short term pain management would be indicated. According to the clinical documentation provided and current MTUS guidelines; Norco, with no refills, as written above, is indicated a medical necessity to the patient at this time.