

Case Number:	CM14-0188261		
Date Assigned:	11/18/2014	Date of Injury:	06/15/2009
Decision Date:	01/07/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This is a 48 year old female injured worker who sustained a work related injury on 6/15/2009. Injured worker sustained the injury when she fell from a chair. The current diagnoses include right knee pain and s/p right TKR; right wrist pain and s/p right CTR. Per the doctor's note dated 10/15/14, injured worker has complaints of right knee pain at 5-8/10. Physical examination revealed tenderness on palpation, nearly full range of motion with pain, mild to moderate swelling over the lateral aspect of the upper quadrant of the right knee, bruising of the medial upper third of the tibia. The current medication lists include Norco and Flexeril. The injured worker has had bone scan on 5/10/13 that was normal; Computed Tomography (CT) scan of the right knee on 6/6/14 that revealed mild effusion and X-ray of the right knee that revealed well fixed joint. Diagnostic imaging reports were not specified in the records provided. The injured worker's surgical history include CTR; right TKR on 3/3/11 and arthroscopic examination with debridement of the scar tissue and lateral retinacular release on 8/29/14. He has had a urine drug toxicology report on 7/16/14. The injured worker has received an unspecified number of the physical therapy and cognitive behavioral visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Criteria for Use of Opioids, Therapeutic Trial of Opioids Page(s):.

Decision rationale: Norco 10/325 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this injured worker. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that this injured worker does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #90 has not been established; therefore, the request is not medically necessary.