

Case Number:	CM14-0193584		
Date Assigned:	12/01/2014	Date of Injury:	06/24/2009
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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 (IW) is a 66-year-old man with a date of injury of June 24, 2009. He sustained a work related injury as a result of unloading branches from his truck. After his break, he felt pain in his left knee. The IW underwent left total knee replacement (TKR) September 17, 2010. Pursuant to the handwritten Primary Treating Physician's Progress Note (PR-2) dated September 30, 2014, the IW complains of pain with cold weather. He ambulates with a cane and is taking his medications. The only documentation in the objective findings section is "S/P TKA". The current diagnoses include knee replacement; tear medial meniscus, knee; and internal derangement knee. Treatment plan includes lotions and Norco 10/325mg #120. The IW has been taking Norco since September 20, 2013, according to a progress note reflecting the same date. There were no detailed pain assessments or documentation of functional improvement associated with Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 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 chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses were knee replacement, tear medial meniscus knee, and internal derangement knee. The treatment plan is Norco/325mg prn pain. Both the subjective symptoms and objective findings are limited to absent in the documentation. Norco was started, according to a progress note dated September 20 of 2013. Approximately one year later, in a progress note dated September 30, 2014, the documentation remains scanty. There are no detailed pain assessments in the medical record, there is no documentation of objective functional improvement in the medical record and consequently, Norco 10/325#120 is not medically necessary. Based on the clinical information in the medical record and the evidence based guidelines, Norco 10/325 mg #120 is not medically necessary.