MAXIMUS Federal Services

Case Number:	CM14-0197177		
Date Assigned:	12/05/2014	Date of Injury:	03/20/2002
Decision Date:	01/16/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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:

According to the records submitted for review, the injured worker is a 60 year-old male with a date of injury of 03/20/2002. The result of the injury included bilateral knee pain. Diagnoses have included status post left knee arthroscopy, meniscectomy, and chondroplasty; and compensatory pain on the right knee secondary to surgery and a cumulative trauma industrial injury. Diagnostic studies were not included for review. Treatments have included medications and surgical intervention. Medications have included Celebrex and Norco. A progress note from the treating physician, dated 11/10/2014, notes the injured worker is being evaluated for bilateral knee pain. Subjective data from this report include rating pain at 5/10 on the analog scale with use of pain medication. The injured worker noted functional improvement, improvement in pain with medication, increased ability to walk and stand, and improvement in activities of daily living. Objective data noted include tenderness in the medial and lateral joint of the right and left knees, and on bilateral patellofemoral compression. Flexion range of motion of the bilateral knees is documented as 120 degrees, whereas extension range of motion of the bilateral knees is documented as zero degrees. The plan of treatment, noted by the treating physician on 11/10/2014, includes: prescription for Norco with discussion of the need to continue decreasing the amount; and scheduled follow-up visit in one month. Request is being made for Norco 10/325 mg #100. On 11/20/2014, Utilization Review modified a prescription for Norco 10/325 mg #100. Utilization Review modified a prescription for Norco 10/325 mg #100 based on the continuation of Norco being indicated in order to initiate weaning. The Utilization Review cited the California Chronic Pain Medical Treatment Guidelines (2009): Opioids. Application for independent medical review was made on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: The requested one prescription of Norco 10/325mg #100 is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going. Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral knee pain with improved function with medications. The treating physician has documented tenderness in the medial and lateral joint of the right and left knees, and on bilateral patellofemoral compression. Flexion range of motion of the bilateral knees is documented as 120 degrees, whereas extension range of motion of the bilateral knees is documented as zero degrees. May 8, 2014 and August 6, 2014 drug screens were reported as consistent for opiates but also positive for marijuana. The treating physician has not documented attempts at weaning or reducing opiate dosage, a current executed narcotic pain contract nor measures taken to address the drug screen results positive for illicit substances. The criteria noted above not having been met, one prescription of Norco 10/325mg #100 is not medically necessary.