

Case Number:	CM14-0198529		
Date Assigned:	12/08/2014	Date of Injury:	11/27/2001
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Practice and is licensed to practice in Florida. 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 patient is a 54-year-old male with a date of injury of 11/27/2001. He has chronic bilateral knee pain. Prior surgical treatment has included a left knee arthroscopy on 7/26/2002, right knee arthroscopy in 9/2002, left total knee replacement on 6/23/2009, and revision of left total knee replacement on 3/16/2010. Patient has also received treatment with chronic narcotic and nonsteroidal anti-inflammatory medications. Per a 10/8/2014 physical exam note the patient was documented to have right knee peripatellar tenderness, bilateral knee swelling, decreased bilateral knee range of motion, moderate antalgic gait due to knee pain, and bilateral paraspinal muscle tenderness with spasm and a decreased range of motion in the lumbar spine. A utilization review physician did not recommend the continuation of Norco, citing that the patient has only had increased pain while on this pain medication. He also did not recommend the continuation of Diclofenac gel. An independent medical review was requested regarding the medical necessity of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is no objective evidence presented regarding improved functioning, and it is stated on several occasions that this patient has only had increasing pain, despite being on this narcotic medication. Therefore, the narcotic medication Norco is not medically necessary.

Voltaren gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102, 105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Voltaren gel is not medically necessary.