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| Case Number: | CM14-0209767 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 03/04/2005 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 patient is a 64 year old male with a work injury dated 3/4/05. The accepted body part are left hip and lumbar spine. The diagnoses includes right knee tricompartmental osteoarthritis, lumbar spine sprain, status post fusion with residuals, status post left hip replacement and right hip pain. Under a consideration is a request for Norco 10/325mg (through [REDACTED] [REDACTED]) 11/3/2014 and 2/22/2015. His prior treatment has included physical therapy, lumbar spine surgery, left hip replacement surgery, caudal epidural and SI joint injections and medication management. A primary treating physician report dated 11/20/14 states that the patient has lumbar spine, right knee and bilateral hip pain. He rates his lumbar spine pain at 3/10, intermittent and unchanged from previous visit with radiation of pain into the bilateral lower extremities with numbness; right knee pain (7/10 on using and 3/10 without using the knee) is constant and unchanged from previous visit. He currently rates his bilateral hip pain at 0/10. He is taking Norco two tablets a day and reports improvement in his pain level from 7/10 to 3/10 after taking medication. The pain is made better with rest, medications, and hot shower. The pain is made worse with activities such as prolonged standing. The patient is retired. The objective findings reveal examination of the right knee revealed tenderness medially with crepitus. Range of motion was 0 to 100 degrees. Neurologically both lower extremities were intact. The discussion states that the patient has significant tricompartmental osteoarthritis of the right knee, this is posttraumatic. He has failed extensive conservative care including multiple Supartz viscosupplementation injections, medication management and physical therapy He would like to proceed with a total knee arthroplasty. A request will be submitted for this surgery and for

postoperative physical therapy. He- needs preoperative medical clearance. He is retired. A prescription for Norco was given. He is trying to wean himself down. Urine toxicology was ordered. Prior utilization review dated 11/25/14 non-certified Norco as the patient has been taking this medication since 2009 without functional improvement or return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (through [REDACTED]) 11/3/2014 and 2/22/2015: Upheld

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

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

Decision rationale: Norco 10/325mg (through [REDACTED]) 11/3/2014 and 2/22/2015) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 10/325mg (through [REDACTED]) 11/3/2014 and 2/22/2015) is not medically necessary.