

Case Number:	CM15-0005480		
Date Assigned:	01/16/2015	Date of Injury:	11/27/2001
Decision Date:	05/01/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 is a 54 year old male, who sustained an industrial injury on November 27, 2001. He has reported bilateral knee pain. The diagnoses have included sprain of the knees and bilateral lumbar spine strain. Treatment to date has included arthroscopic debridement of both knees, injections, medications, and physical therapy. Currently, the injured worker complains of continued bilateral knee pain and lower back pain. The treating physician requested prescriptions for Norco and Ibuprofen for pain. On December 16, 2014 Utilization Review partially certified the request for a prescription for Norco with an adjustment in quantity, and non-certified the request for a prescription for Ibuprofen, noting the lack of documentation to support the medical necessity of the medication. The MTUS Chronic Pain Treatment Guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient continues to have knee pain despite left knee arthroscopy on 07/26/2002, left knee replacement on 06/23/2009 and left knee revision arthroplasty on 03/16/2010. There is no documented functional improvement despite long-term treatment with Norco and Ibuprofen. He has GI upset from Ibuprofen. MTUS Chronic Pain, Opioids On-going Management guidelines notes that criteria for on-going opiates include functional improvement in activities of daily living, monitoring for drug seeking aberrant behavior, monitoring efficacy of analgesia and monitoring for adverse effects. The documentation provided for review is not consistent with the guidelines and Norco is not medically necessary.

Ibuprofen 800mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient continues to have knee pain despite left knee arthroscopy on 07/26/2002, left knee replacement on 06/23/2009 and left knee revision arthroplasty on 03/16/2010. There is no documented functional improvement despite long-term treatment with Norco and Ibuprofen. He has GI upset from Ibuprofen. MTUS Chronic Pain guidelines note that NSAIDS should be prescribed at the lowest dose for the shortest period of time and this patient had adverse GI symptoms from NSAIDS. In the absence of documented efficacy with noted adverse effects, continued long term Ibuprofen is not medically necessary for this patient.