MAXIMUS Federal Services

Case Number:	CM15-0008426		
Date Assigned:	01/23/2015	Date of Injury:	08/05/2003
Decision Date:	03/12/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/14/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 47 year old female injured worker suffered and industrial injury on 08/05/2003. The diagnoses were osteoarthritis. The diagnostics were x-rays, magnetic resonanace imaging, and bone scan. The treatments were medications, knee braces and bilateral total knee replacements. The treating provider reported bilateral knee pain 7/10 with medications and 10/10 without medications. The injured worker had gait impairment, restricted range of motion, decreased muscle strength and decreased sensation. Total knee replacement revision was pending 1/15/2015. The injured worker reported sleep quality was poor. The Utilization Review Determination on 12/20/2014 non-certified Norco 10/325mg #120, citing MTUS Chronic Pain Treatment Guidelines, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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 Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is pain relief and functional improvement and/or the injured worker has regained employment. Total daily opioid doses exceeding 120 morphine equivalents per day should be approved by a pain management physician. The dose of opioids should not be lowered if they are working. In this instance, pain relief and functional improvement with the use of Norco and Duragesic are well documented. The total daily morphine equivalency is 540 mg, but the pain medication is being prescribed jointly between the primary physician and pain management. Therefore, Norco 10/325mg #120 is medically necessary.