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| Case Number: | CM15-0133098 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 05/03/2009 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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: Texas, California

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:

This is a 62-year-old female patient who sustained an industrial injury to the knee on 5/3/09. Current diagnoses included status post right total knee replacement (8/1/11), status post right total knee replacement revision (3/11/13) and low back pain with degenerative disc disease with retrolisthesis. Per the PR-2 dated 5/6/15, she continued to be symptomatic in the back. She stated that the knee felt better. The physician noted that she had been to the Emergency Department and had a venous ultrasound with negative results. The physical exam revealed lumbar spine with tenderness to palpation to the paraspinal musculature and decreased range of motion with negative straight leg raise and Fabere's test and right knee with healed incision, negative McMurray's test, negative valgus and varus instability and negative anterior drawer sign. The medications list includes Norco and ibuprofen. Documentation did not disclose recent magnetic resonance imaging or previous treatments. She has undergone right total knee replacement on 8/1/11 and right total knee replacement revision on 3/11/13. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 79-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page 74, Short-acting opioids page 75.

Decision rationale: Norco 10/325mg, #60 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." According to the records provided patient had chronic back and knee pain. The patient has a history of 2 surgeries- right total knee replacement on 8/1/11 and right total knee replacement revision on 3/11/13. The physical examination revealed lumbar spine with tenderness to palpation to the paraspinal musculature and decreased range of motion. Therefore, there were significant abnormal objective findings. Patient is already taking ibuprofen. Patient has improved pain with medications. Patient has no evidence of aberrant behavior. The Norco has been prescribed in a small quantity. Therefore, based on the clinical information obtained for this review the request for Norco 10/325mg, # 60 is deemed medically necessary for this patient at this time for prn use.