MAXIMUS Federal Services

Case Number:	CM15-0137996		
Date Assigned:	07/28/2015	Date of Injury:	03/25/2009
Decision Date:	09/24/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: California, North Carolina
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 injured worker is a 54 year old female, who sustained an industrial injury on 3/25/2009. The mechanism of injury was not described. The current diagnoses are pain in lower leg joint, and status post bilateral total knee replacement, right (2009) and left (2011). According to the progress report dated 6/26/2015, the injured worker complains of chronic bilateral knee pain, made worse with ambulation. The level of pain is not rated. The physical examination reveals antalgic gait. There was no evidence of edema, erythema, or instability noted. The current medications are Capsaicin, Diclofenac, Norco, and Famotidine. With regard to medication, she utilizes anywhere between 1-2 tablets of Norco per day. This does decrease her pain by approximately 30% and allows her the functional benefit of increased tolerance for home exercises as well as activities of daily living. There is documentation of ongoing treatment with Norco since at least 12/2/2014. Treatment to date has included medication management, home exercises, cognitive behavioral therapy, and surgical intervention. Work status was described as permanent and stationary. A request for Norco has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #45 DOS: 6/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS states that the ongoing use of opioids is supported if the prescription is from a single practitioner, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, the patient has been taking opioids since 12/2/2014. There is no evidence of non-opiate means of pain control. The patient had an inconsistent urine drug screen on 6/26/2015. She states she is taking 1-2 Norco/day, yet the total request for a months' supply is #100. There is no significant functional improvement noted and no improvement is psychosocial functioning. Further, the improvements, if any, are not quantified. In this case, there is evidence of misuse of medications. Therefore, the request is deemed not medically necessary or appropriate.

Norco 10/325mg, #30 DOS: 6/26/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic use Page(s): 80.

Decision rationale: CA MTUS states that chronic use of opioids is supported if the prescription is from a single provider, the opioids are prescribed in the lowest possible dose and if the functional status, appropriate use and side effects are documented. In this case, there is no evidence of non-opiate means of pain control. In addition, there is an additional prescription for Norco 10/325 prescribed on the same date. No rationale is given for this redundancy. There is no documentation of significant pain relief (pain not graded on a pain scale), nor functional improvement. In addition, the patient states she is using 1-2 Norco/day, yet the request is for #100/month. Therefore, based upon the above findings, the request is not medically necessary or appropriate.