

Case Number:	CM15-0143778		
Date Assigned:	08/04/2015	Date of Injury:	12/14/1995
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, 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:

The injured worker is a 72 year old male, who sustained an industrial injury on December 14, 1995. The injured worker was diagnosed as having right total knee replacement with revision and possible hardware rejection and knee cartilage tear. Treatment to date has included multiple surgeries, therapy and medication. A progress note dated June 18, 2015 provides the injured worker complains of knee pain and burning sensation in the right leg. He rates the pain 8 out of 10 without medication and 4 out of 10 with medication. He ambulates with use of a cane. Physical exam notes the right knee is very swollen with decreased range of motion (ROM) and crepitus. The request is for retroactive (6-18-2015) Norco and Hysingla.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #180 for DOS 6/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on various opioids including Oxycodone, Morphine and Hydrocodone for over 3 years. The claimant is currently on less opioids than the past few years. However, there is no mention of weaning or NSAID failure. Continued and chronic use of Norco for the dates in question is not medically necessary.

Retrospective Hysingla ER 40mg #30 for DOS 6/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hysingla ER contains extended release Hydrocodone. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on various opioids including Oxycodone, Morphine and Hydrocodone for over 3 years. The claimant is currently on less opioids than the past few years. However, there is no mention of weaning plan or NSAID failure. Continued and chronic use of Hysingla for the dates in question is not medically necessary.