MAXIMUS Federal Services

Case Number:	CM15-0182497		
Date Assigned:	09/23/2015	Date of Injury:	05/07/2003
Decision Date:	10/29/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/16/2015

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
Certification(s)/Specialty: Emergency Medicine

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 75 year old male, who sustained an industrial injury on 5-7-03. The injured worker is undergoing treatment for chronic pain of the left knee. Medical records dated 8-21-15 indicate the injured worker complains of chronic left knee pain with numbness radiating down from the knee. The treating physician indicates, "he continues to get adequate pain control on the present regimen and without the pain meds he would no ambulatory." There is no change from the previous visit. Ambulation is with a cane. Physical exam dated 8-21-15 notes bilateral knee tenderness to palpation, decreased range of motion (ROM) and weakness knee. Treatment to date has included Norco since at least May 2015, knee surgery. The original utilization review dated 8-28-15 indicates the request for Norco 10/325mg #120 is modified to Norco 10-325mg #90 noting for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325 MG #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic left knee pain with numbness radiating down from the knee. The treating physician indicates, "he continues to get adequate pain control on the present regimen and without the pain meds he would no ambulatory." There is no change from the previous visit. Ambulation is with a cane. Physical exam dated 8-21-15 notes bilateral knee tenderness to palpation, decreased range of motion (ROM) and weakness knee. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 MG #120 is not medically necessary.