MAXIMUS Federal Services

Case Number:	CM15-0191561		
Date Assigned:	10/05/2015	Date of Injury:	06/06/2008
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/29/2015

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 59-year-old male who sustained an industrial injury on 6-6-2008. Diagnoses have included derangement of lateral and medial meniscus, and synovial cyst of popliteal space. Documented treatment includes left knee arthroscopy performed on 8-11-2015, with lateral meniscus debridement, and cyst excision with medial femoral condyle chondroplasty, noted 8-20-2015 as being his 4th knee surgery. Medication prior to the 8-11-2015 surgery was Gabapentin, Nabumetone. and Tramadol HCL; and, current medications listed 8-20-2015 also include Capsaicin, Doxepin, Lidoderm Patch and Diclofenac cream. The most current urine drug screen in the medical record is dated 7-22-2015. The Post-operative plan of care included physical therapy, home exercises, 6 weeks off work for rehabilitation, and restrictions upon resumption of work. On 8-20-2015, the injured worker is noted to have completed 3 physical therapy sessions which were stated to be increasing his pain, and he also reported "significant" pain with weight bearing. He had been taking Norco combined with Tramadol ER to help him tolerate physical therapy and weight bearing, prescribed by the treating surgeon, but it is noted that the surgeon will no longer be his prescribing physician. The treating physician states this was verified with the surgeon and the plan of care includes a submitted request for authorization for a prescription for 150 count Norco which was modified to 60 on 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 1 tablet by mouth q4-6 hours, not exceed 5 tablets/day for Postoperative pain # 150: 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, Opioids for neuropathic pain.

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 Norco for an unknown length of time. The claimant was also on Tramadol and NSAIDS. There was no indication for multiple forms of analgesics and no one opioid is superior to another. Pain score response was not noted. The Norco was not medically necessary.