

Case Number:	CM15-0193127		
Date Assigned:	10/07/2015	Date of Injury:	02/28/2006
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/01/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 2-28-06. Treatment to date has included oral medications including Norco (for breakthrough pain) and Motrin. On 8-24-15, the injured worker complains of severe right knee pain by the end of day. There is no documentation noting relief from pain, level of pain or toxicology screening. He is working full time. Objective findings on 8-24-15 noted he is in need of a total knee replacement. A request for authorization was submitted on 8-24-15 for Norco 5-325mg #60. On 9-8-15 request for Norco #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 2-28-06. The injured worker is being treated for severe knee pain. Treatments have included Norco (for breakthrough pain) and Motrin. The medical records provided for review do not indicate a medical necessity for : Norco 10/325mg #60 . The Medical records indicate the injured worker has been taking Norco for breakthrough pain, but there was no information in the documents submitted that will guide one in determining how long he has been on opioids. Nevertheless, the records indicate the pain is worsening; the injured worker is not properly monitored for pain control, adverse effects, and activities of daily living or aberrant behavior. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids for treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. The MTUS recommends monitoring individuals on opioid maintenance treatment for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The requested treatment is not medically necessary because the records indicate the injured worker is not being monitored.