MAXIMUS Federal Services

Case Number:	CM15-0196648		
Date Assigned:	10/12/2015	Date of Injury:	05/06/1999
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 female, who sustained an industrial injury on 5-6-1999. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include osteoarthrosis, pain in joint, lower leg, and arthropathy lower leg. On 8-25-15, it was documented she complained of continuing knee pain, bilaterally. It was also documented "there has been improvement since last visit. Patient will experience a sharp shooting pain in her knee. Patient feels only a slight ache in her knee. She no longer is feeling any leg pain. Pain level 3 out of 10 VAS." Current medications included Norco since at least 3-10-15. The physical examination documented tenderness over bilateral knee joints. The treating diagnoses included knee joint pain, bilaterally and post total knee. The plan of care included Norco 10-325mg, #120, one tablet every five hours as needed. The appeal requested authorization for Norco 10-325mg #120. The Utilization Review dated 9-21-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dealing with misuse & addiction.

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. The MTUS guidelines do not support opioids for non-malignant pain. In this case, the utilization of Norco is not supported. The medical records indicate evidence of aberrant behavior as per urine drug screens. In addition, the current subjective and objective examination findings do not support the request for opioids. As noted by the MTUS guidelines, Norco is indicated for moderate to moderately severe pain. The medical records do not indicate moderate to moderately severe pain. The request for Norco 10/325mg #120 is not medically necessary and appropriate.