

Case Number:	CM15-0197010		
Date Assigned:	10/12/2015	Date of Injury:	03/13/2009
Decision Date:	11/19/2015	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, Indiana, New York
Certification(s)/Specialty: Internal 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 37-year-old female, with a reported date of injury of 03-13-2009. The diagnoses include left knee pain, and left knee osteoarthritis. Treatments and evaluation to date have included Carisoprodol, Hydrocodone-Acetaminophen, Ibuprofen, Medrol pak, Norco (since at least 01-2015), Salonpas adhesive patch, Tramadol, Vimovo, Voltaren topical gel, left knee unicompartmental arthroplasty, left knee arthroscopy with ACL (anterior cruciate ligament) reconstruction, and a knee sleeve. The diagnostic studies to date have not been included in the medical records. The medical report dated 09-15-2015 indicates that the injured worker was walking without assistance. She stated that she had increased pain. It was noted that the injured worker currently took 3-4 Norco tablets per day and used Voltaren cream. The injured worker reported (06-09-2015 to 09-15-2015) left knee joint pain, restless sleep, and depression. The physical examination of the left knee showed a benign surgical wound on the left knee, no effusion, range of motion 0-125 degrees, a stable joint, negative Homan's, and intact distal neurovascular exam. On 06-09-2015, it was noted that the injured worker's left knee range of motion was 0-130 degrees. An x-ray of the left knee showed no evidence of loosening and a well-positioned medial unicompartmental arthroplasty. The injured worker's pain ratings and work status was not indicated. The treating physician requested Norco 10-325mg #120. On 09-21-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #120.

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, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are knee pain; and osteoarthritis of the knee. Date of injury is March 13, 2009. Request for authorization is September 10, 2015. According to a December 9, 2014 progress note, current medications included Norco 10/325mg and tramadol ER 300 mg. According to a September 15, 2015 progress note, current medications included Norco 5/325mg (filled) and Norco 10/325mg (prescribed). Subjectively, the injured worker had complaints of arthralgias and joint pain. On physical examination, there were no significant objective findings. There was no tenderness and there was no effusion. There is no clinical indication or rationale for the use of ongoing Norco 5/325mg or Norco 10/325mg based on the current subjective and objective findings. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective optional improvement and no clinical symptoms or objective clinical findings warranting use of opiates, Norco 10/325mg #120 is not medically necessary.