

Case Number:	CM15-0197629		
Date Assigned:	10/13/2015	Date of Injury:	11/16/2005
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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(n) 61 year old male, who sustained an industrial injury on 11-16-05. The injured worker was diagnosed as having status post right knee ACL and MCL arthroscopic surgery, left hip and groin pain and cervical disc tears. Medical records (6-30-15 through 8-26-15) indicated 4-6 out of 10 pain in the right knee and bilateral hips. The physical exam (5-1-15 through 8-26-15) revealed right knee extension is 0 degrees, flexion is 100 degrees and "limited" range of motion in the bilateral hips. As of the PR2 dated 9-23-15, the injured worker reports right knee and bilateral hip pain. He rates his pain 4-6 out of 10. Objective findings include right knee extension is 0 degrees, flexion is 100 degrees and "limited" range of motion in the bilateral hips. Current medications include Wellbutrin, Omeprazole, Ibuprofen and Norco (since at least 3-31-15). Treatment to date has included a right knee arthroplasty in 2009, a left total hip replacement in 2009, a right hip arthroplasty in 2010 and right total knee replacement revision in 2013. The treating physician requested Norco 10-325mg #180. The Utilization Review dated 10-1-15, modified the request for Norco 10-325mg #180 to Norco 10-325mg #180 for purposes of taper for discontinuation over the course of the next 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for Norco is not medically necessary.