

Case Number:	CM15-0198099		
Date Assigned:	10/13/2015	Date of Injury:	09/01/2008
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old male sustained an industrial injury on 9-1-08. Documentation indicated that the injured worker was receiving treatment for status post right total knee replacement with ongoing pain, history of right ankle sprain with ongoing right ankle pain and chronic gastritis due to medications. In Pr-2's dated 4-13-15, 5-11-15, 6-8-15, 7-9-15 and 8-12-15, the injured worker complained of right knee pain rated 10 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. In a PR-2 dated 8-31-15, the injured worker complained of ongoing "severe" right knee pain, rated 10 out of 10 without medications and 4 out of 10 with medications. The injured worker reported 50% reduction in pain and functional improvement with activities of daily living with medications. The injured worker stated that there was something wrong and was requesting stress x-rays of the right knee. The physician noted that the injured worker had been very unhappy with his right total knee replacement. Physical exam was remarkable for right knee "very" swollen with range of motion 0 to 110 degrees, "some" laxity on stress testing in all planes consistent with knee replacement and right ankle with tenderness to palpation over the lateral malleolus with pain upon inversion and full active range of motion. The injured worker limped with the right lower extremity when ambulating. The injured worker had been prescribed Norco since at least 10-18-13. The treatment plan included refiling medications (Norco, Pristiq and Lyrica). On 9-11-15, Utilization Review noncertified a 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, long-term assessment, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstration of urine toxicology compliance or increase in activity from the exam note of 8/31/15. Therefore the request is not medically necessary.