

Case Number:	CM15-0205798		
Date Assigned:	10/22/2015	Date of Injury:	09/12/2012
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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 43 year old female, who sustained an industrial injury on 8-22-03. The injured worker was diagnosed as having right knee pain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 9-21-15 indicated the injured worker complains of chronic knee pain. She presents to this office for a re-evaluation reporting the pain is unchanged since her last visit. She reports the pain is limiting her ability to function. The provider notes she has left knee surgery done on 8-31-15 through her private insurance. She reports she was given Norco for postoperative pain and the medication is helpful. She is taking Norco for severe pain and naproxen helps the inflammation and swelling. She rates her pain as 10 out of 10 VAS without medications and an 8 out of 10 with. On physical examination of the right knee, the provider notes "medial joint line is moderately tender to palpation with positive crepitus but no laxity. Sensation is intact but diminished in the right calf with no clonus or increased tone. She has a slight antalgic gait." He documents the injured worker has right knee partial lateral menisectomy and arthroscopic plica excision on 6-20-13 and has a diagnosis of severe degenerative joint disease. She has signed an opioid agreement and a urine toxicology screening was done on 8-13-15, positive for Norco and Ambien. He documents this is consistent with her medications. A CURES report is noted dated 9-21-15 with "no red flags". PR-2 notes dated 7-16-15 and 7-27-15 indicated the injured worker had been prescribed and taking Norco 10-325mg as of these dates. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 9-29-15 and non-certification for

Retrospective Norco 10-325mg, #60 (date of service 9-21-15). A request for authorization has been received for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg, #60 (DOS 09/21/2015): 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 for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 8-22-03. The medical records provided indicate the diagnosis of knee pain. Treatment has included physical therapy; medications. The medical records provided for review do not indicate a medical necessity for Retrospective Norco 10/325mg, #60 (DOS 09/21/2015). The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends monitoring individuals on opioid maintenance treatment for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Also, 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 medical records indicate the injured worker has been using opioids at least since 12/2014, but with no overall improvement. The injured worker is not properly monitored for pain and activities of daily living. The request is not medically necessary.