

Case Number:	CM15-0206786		
Date Assigned:	10/23/2015	Date of Injury:	02/14/2006
Decision Date:	12/08/2015	UR Denial Date:	09/16/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 2-14-06. Documentation indicated that the injured worker was receiving treatment for chronic right knee pain with degenerative joint disease status post right total knee arthroplasty and revision (2012). In an initial consultation dated 4-30-15, the injured worker complained of constant swelling and pain in the right knee. Current medications consisted of Norco. X-rays taken during the office visit showed radiolucency at the proximal tibial component. The physician recommended further diagnostic studies. In a PR-2 dated 6-26-15, the injured worker complained of progressively worsening right knee pain rated 7 to 8 out of 10 on the visual analog scale. The injured worker's current medications consisted of Ibuprofen. Computed tomography right knee (8-12-15) showed a few focal lytic lesions adjacent to the tibial compartment and the tibial component screws noted to be likely secondary to particle disease. Bone scan (8-16-15) showed increased uptake along bilateral tibial plateaus. The radiologist noted that loosening was possible. In a PR-2 dated 8-24-15, physical exam was remarkable for right knee with no gross evidence for loosening of the tibial component and no increased warmth to touch. The injured worker walked with an antalgic gait. The physician noted that a patient with a loose tibial component would require stronger pain medications from time to time. The treatment plan included continuing Ibuprofen and a new prescription for Norco. On 9-16-15, Utilization Review noncertified a request for Norco 5- 325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 tabs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids/medication.

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

Decision rationale: The current request is for Norco 5/325MG #60 tabs. Treatment history includes right total knee arthroscopy and revision (2012), physical therapy, knee injections and medications. The patient's work status is "Qualified Injured Worker." MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." X-rays taken on 04/30/15 showed radiolucency at the proximal tibial component. Per report 08/24/15, the patient presents with chronic right knee pain. Examination revealed tenderness to palpation over the medical tibial plateau, and mildly antalgic gait. The physician noted that a patient with a loose tibial component would require stronger pain medications from time to time. The treatment plan included continuing Ibuprofen and a new prescription for Norco. It does not appear that the patient has been consistently prescribed Norco. Nevertheless, progress report dating back to 06/26/15 notes "the patient is taking medication in the form of Norco." In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with prescribing Norco. There are no before and after pain scales provided to denote a decrease in pain, either. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. Therefore, this request IS NOT medically necessary and recommendation is for slow weaning per MTUS.