

Case Number:	CM15-0208170		
Date Assigned:	10/27/2015	Date of Injury:	02/11/2009
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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 70 year old male, who sustained an industrial injury on 2-11-09. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease with bilateral lower extremity radiculopathy, lumbar degenerative spondylosis at lumbar five-sacral one with possible pars defect, right knee osteoarthritis with complex meniscus tear, gastritis, right total hip replacement and left hip internal derangement. The injured worker is currently temporarily totally disabled. On (9-18-15) the injured worker was noted to have had a left total hip replacement on 7-24-15. The injured worker continues to have post-operative pain and is experiencing increased pain and swelling in the right knee. Examination of the right knee revealed tenderness along the medial and lateral joint line. Soft tissue swelling with crepitus was noted during range of motion. A pain level was not provided. Subsequent progress reports (8-19-15 and 7-20-15) note the injured workers pain levels to be 4-5 out of 10 with medications. Treatment and evaluation to date has included medications, physical therapy, knee brace, right knee corticosteroid injection, right knee Synvisc injection, MRI of the right knee, left hip injection and a toxicology screen. Current medications include Tramadol, Norco (since at least July of 2015), Prilosec, FexMid and Anaprox. The injured workers current medication regime was note to provide 49-50 percent pain relief, which lasted 2-3 hours. The current treatment request is for Norco10-325mg #90 for the right knee. The Utilization Review documentation dated 10-2-15 non-certified the request for Norco 10-325mg #90 for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90, for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 2-11-09. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease with bilateral lower extremity radiculopathy, lumbar degenerative spondylosis at lumbar five-sacral one with possible pars defect, right knee osteoarthritis with complex meniscus tear, gastritis, right total hip replacement and left hip internal derangement. Treatments have included medications, physical therapy, knee brace, right knee corticosteroid injection, right knee Synvisc injection. Current medications include Tramadol, Norco (since at least July of 2015), Prilosec, FexMid and Anaprox. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #90, for right knee. 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 pain and functional improvement using numerical scale, and comparing with baseline values every six months if opioid is used for more than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; 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 this medication at least since 04/2015 with no overall improvement from the use of the medication. The records indicate injured worker's pain seemed to have decreased in the months following hip surgery, but has recently worsened. The requested treatment is not medically necessary.