MAXIMUS Federal Services

Case Number:	CM15-0212753		
Date Assigned:	11/02/2015	Date of Injury:	08/05/2000
Decision Date:	12/14/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/29/2015

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: Emergency 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 52 year old male, who sustained an industrial injury on August 5, 2000, incurring bilateral knee and low back injuries. He was diagnosed with bilateral internal knee derangement, chondromalacia and bilateral knee degenerative joint disease. On November 28, 2010, the injured worker underwent a right total knee replacement, and on January 26, 2015, he underwent a right knee revision surgery. On September 8, 2014, he underwent a left knee arthroscopy. Other treatment included physical therapy, pain medications, muscle relaxants, anti-inflammatory drugs, antianxiety, antidepressants and activity restrictions. Currently, the injured worker complained of persistent bilateral knee pain. On examination, he was noted to have tenderness, crepitus, and restricted range of motion and clicking of both knees. He noted that Norco provided 70% improvement of breakthrough pain with improvements with his activities of daily living. The injured worker claimed 60% improvement with the medication Exalgo in his daily activities. The treatment plan that was requested for authorization included prescriptions for Norco 10-325 mg #120 with 2 refills and Exalgo 8 mg #30 with 2 refills. On September 21, 2015, a request for prescriptions of Norco and Exalgo was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Overturned

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

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

Decision rationale: The requested Norco 10/325mg #120 with 2 refills is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has persistent bilateral knee pain. On examination, he was noted to have tenderness, crepitus, and restricted range of motion and clicking of both knees. He noted that Norco provided 70% improvement of breakthrough pain with improvements with his activities of daily living. The injured worker claimed 60% improvement with the medication Exalgo in his daily activities. The treating physician has satisfactorily documented functional improvement with its use. The criteria noted above having been met, Norco 10/325mg #120 with 2 refills is medically necessary.

Exalgo 8mg #30 with 2 refills: Overturned

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

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

Decision rationale: The requested Exalgo 8mg #30 with 2 refills is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has persistent bilateral knee pain. On examination, he was noted to have tenderness, crepitus, and restricted range of motion and clicking of both knees. He noted that Norco provided 70% improvement of breakthrough pain with improvements with his activities of daily living. The injured worker claimed 60% improvement with the medication Exalgo in his daily activities. The treating physician has satisfactorily documented functional improvement with its use. The criteria noted above having been met, Exalgo 8mg #30 with 2 refills is medically necessary.