

Case Number:	CM15-0215878		
Date Assigned:	11/05/2015	Date of Injury:	03/03/2014
Decision Date:	12/21/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This is a 67-year-old male with a date of industrial injury 3-3-2014. The medical records indicated the injured worker (IW) was treated for flexion contracture following left total knee arthroplasty. In the progress notes (9-23-15), the IW reported he was still having "lots of" pain in the left knee. He was six weeks post-op left total knee arthroplasty. He stated he was almost finished with physical therapy. Medications included Aspirin 325mg, OxyContin ER for 15 days post-op, Norco (since at least 7-2015) after the first 15 days post-op, Percocet (since at least 8-2015) for breakthrough pain with OxyContin and Dilaudid. On examination (9-23-15 notes), there was pain diffusely about the left knee. He walked with a cane. There was a 15-degree flexion contracture of the left knee. Further flexion was to 100 degrees. The knee was stable to varus and valgus stressors and the patella tracked centrally. There was a small effusion and slight erythema on the lateral aspect of the knee that went away with elevation; there was no induration. The extensor hallucis longus, tibialis anterior and gastrocsoleus were intact and the lower extremity pulses were intact. The provider suspected an infection. X-rays of the knee during the exam did not show any new injury. Doppler ultrasound of the left leg on 8-17-15 was negative for deep vein thrombosis. Treatments included left total knee arthroplasty (8-13-15), physical therapy, continuous passive motion (CPM) and cold therapy unit. The IW was temporarily totally disabled. The provider instructed him on exercises to perform at home to resolve the flexion contracture and further physical therapy and a splint for night use was recommended. There were no urine drug screening results to review. A Request for Authorization was received for Norco 10-325mg one every four hours as needed, #90 with no

refill and Percocet 10-325mg one every four hours as needed, #90 with no refill. The Utilization Review on 10-1-15 non-certified the request for Norco 10-325mg one every four hours as needed, #90 with no refill and Percocet 10-325mg one every four hours as needed, #90 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 by mouth every 4 hours as needed #90 with no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.

Percocet 10/325 1 by mouth every 4 hours as needed #90 with no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug

usage is unclear at this time. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Percocet, as written above, is not indicated a medical necessity to the patient at this time.