

Case Number:	CM15-0040656		
Date Assigned:	03/11/2015	Date of Injury:	10/23/1976
Decision Date:	04/21/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/04/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 60-year-old male, who sustained an industrial injury, October 23, 1976. According to progress note of December 15, 2014, the injured workers chief complaint was chronic severe right knee pain. The injured worker rated the pain 5 out of 10 without pain medication and 1 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The injured workers pain level was 5 out of 10 the day of the office visit. The injured worker stated the medication keeps the injured worker functional, allowing for motility and tolerance of activities of daily living. The injured worker only takes Vicodin when not using the medical marijuana for sleep. The physical exam the review of systems was negative. The injured worker had an antalgic gait and walked with a single point cane. The injured worker was diagnosed with right total knee replacement, other postsurgical status and pain in the joint of the lower leg. The injured worker previously received the following treatments home, exercise program, Norco, Tramadol, Trazodone, Marinol (medical marijuana), Aspirin, compound cream, heat, stretches and a cane. The treatment plan included a prescription for Norco 7.5/325mg, the injured worker takes a half a pill to 2 pills per day; date of service December 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG (1/2) to 2 Tabs Daily As Needed for Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Medical Marijuana.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedative medications. The records indicate that the patient is utilizing multiple opioids, sedatives medications and marijuana concurrently. There is an increased risk of unpredictable adverse interactions with concurrent utilization of marijuana with opioids and sedative medications. There is no documentation of guidelines required compliance monitoring and functional restoration with chronic opioid utilization. The criteria for the use of Norco 7.5/325mg 1/2 to 2 daily for pain DOS 12/15/2014 is not medically necessary.