

Case Number:	CM15-0048106		
Date Assigned:	03/20/2015	Date of Injury:	06/08/2006
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: Internal 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 was a 55-year-old male, who sustained an industrial injury, June 8, 2006. The injured worker previously received the following treatments Percocet, Protonix, Zantac, Ambien, Tylenol, laboratory studies, Norco, inpatient rehabilitation facility and psychiatric. The injured worker was diagnosed with post total knee replacement times 2, lumbar musculoligamentous sprain/strain, right knee stain/sprain and left knee infection post fall. According to progress note of December 19, 2014, the injured workers chief complaint was left knee discomfort. The injured worker was released from an inpatient rehabilitation facility status post knee surgery. The treatment plan included a prescription renewal for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document right knee arthroscopy, left knee arthroscopy 10/2007, total knee replacement left knee 8/2009, removal of infected left TKR total knee replacement 12/23/2013. Left knee arthrodesis through intramedullary fixation, left knee osseofascial rotational flap, left knee autogenous cancellous bone grafting, left knee irrigation and debridement excisional, left knee removal of hardware/Cement spacer, left knee complex wound closure were performed 10/17/2014. The progress report dated 1/26/15 documented a history of left total knee arthroplasty chronic peri-prosthetic infection and status post staged intramedullary knee arthrodesis 10/17/14. The primary treating physician's progress report dated 1/29/15 documented a history of left knee fusion, right knee sprain and strain, lumbar sprain and strain. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.