

Case Number:	CM15-0085339		
Date Assigned:	05/07/2015	Date of Injury:	10/05/2010
Decision Date:	06/08/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 10/05/2010. He reported that while setting a lift under a vehicle he stood up from being down on all four extremities and noted that his left knee "popped out" and he could not bear weight. The injured worker was diagnosed as having right knee primary and potential post-traumatic arthritis, status post total knee replacement, and probable medial tibial plateau fracture presumably healed with residual pain. Treatment to date has included laboratory studies, medication regimen, physical therapy, biofeedback, use of a cane, and swim program at a health club. In a progress note dated 03/31/2015 the treating physician reports complaints of persistent swelling, cramping, numbness, and tingling to the left knee. The injured worker also has constant, moderate left knee pain that is noted to be intermittently sharp and severe. The injured worker notes clunking to the left knee and occasionally notes that this knee gives out. The treating physician reports moderate pain to the right knee with occasional clicking and popping and occasionally notes that this knee gives out. The examination reveals an effusion to the right knee with tenderness and a possible effusion to the left knee with tenderness. The treating physician requested Norco 10/325 with a quantity of 100 for pain control. The documentation notes that Norco is part of the injured worker's current medication regimen for pain control. The treating physician indicates that the injured worker is not taking this medication excessively, but only uses this medication when it is absolutely necessary for pain. However, the progress note from 03/31/2015 did not indicate the injured worker's current pain level on a pain scale and also did not include any specific functional improvement with use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg #100 is not 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. The injured worker has constant, moderate left knee pain that is noted to be intermittently sharp and severe. The injured worker notes clunking to the left knee and occasionally notes that this knee gives out. The treating physician reports moderate pain to the right knee with occasional clicking and popping and occasionally notes that this knee gives out. The examination reveals an effusion to the right knee with tenderness and a possible effusion to the left knee with tenderness. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg #100 is not medically necessary.