

Case Number:	CM15-0088328		
Date Assigned:	05/15/2015	Date of Injury:	09/10/1996
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 60 year old male who sustained an industrial injury on 09/10/1996. Current diagnosis includes painful left knee arthroplasty. Previous treatments included medication management, back fusion, left knee replacement in 2006, arthroscopic debridement in 2011, and multiple knee aspirations. Previous diagnostic studies include x-rays of the lumbar spine dated 02/02/2015 and x-rays of the left knee. Report dated 12/09/2014 noted that the injured worker presented with complaints that included moderate to severe knee pain. Pain level was not included. Physical examination was positive for a slight varus thrust when walking, mild to moderate varus deformity with standing, and decreased range of motion with firm blockage to motion. The treatment plan included request for revision left knee arthroplasty. Disputed treatments include post operative Norco 10/325 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Norco 10/325 mg Qty 150 (14 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids dosing Page(s): 86.

Decision rationale: MTUS guidelines support the need for narcotic pain medication postoperatively. A request is being made for post operative Norco 10/325mg tablets, quantity 150. Utilization review only certified 60 tablets. This is a reasonable quantity (60 tablets) as the patient should be re-assessed post operatively, and it determined at that time if he requires additional narcotic medication. Likewise, this request for Norco 150 tablets is not medically necessary.