

Case Number:	CM14-0115071		
Date Assigned:	09/16/2014	Date of Injury:	01/30/1984
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old male with an injury date of 01/30/84. The 06/18/14 report states the patient presents for a follow up post left total knee replacement (03/17/14). Examination of the left knee reveals a well healing incision with moderate swelling. The 03/17/14 operative report states a postoperative diagnosis for the patient as left knee advanced osteoarthritis. The patient's diagnosis is: Post left total knee replacement. Current medications are listed as Norco and Lodine. The utilization review being challenged is dated 06/26/14. Reports were provided from 01/12/09 to 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #50 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 88, 89.

Decision rationale: The patient presents with moderate swelling of the left knee following left total knee replacement (03/17/14). The treater requests for: Norco 10/325 mg. #50 with one

refill. The 06/26/14 utilization review notes this was modified to 0 refills. It is not known exactly when the patient began taking this medication. It shows on treatment reports as early as 11/05/13. There is a treater's note on 02/14/14 that this medication was being changed to Percocet; however, Norco continued to be listed as an ongoing medication on the reports provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily life (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, no pain assessment measure is documented and no urine toxicology or other opiate management issues are addressed. No specific ADL's are mentioned to show a significant change with use of this medication. As use of opiates has not been documented as required per MTUS above, the request is not medically necessary.

Restoril 15 mg #40 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (acute and chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with moderate swelling of the left knee following left total knee replacement (03/17/14). The treater requests for: Restoril (Tamezepam a Benzodiazapine) 15 mg #40. It is not clear from the reports provided how long the patient has used this medication. It does not show on treatment reports. The MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, the treater provided no reports discussing how long this medication is to be used. There is no end-point discussed. The treater must indicate that this medication is to be used for a short-term. MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.