

Case Number:	CM14-0020698		
Date Assigned:	07/30/2014	Date of Injury:	04/28/1998
Decision Date:	09/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine 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 64-year-old female patient who sustained a work related injury on 04/28/1998 as a result of an unspecified mechanism of injury. Since the date of her injury she has had continued left knee and lower back pain. She underwent a left knee arthroplasty on May 15th of 2001. Since the arthroplasty, she has had an issue with memory and balance since the surgery. Per the equivalent of a PR-2 dated 01/13/2014 the patient continues to complain of left knee and lower back pain with the knee most bothersome. Her pain is at 8/10 without, but 5/10 on the 1 to 10 pain scale with use of her pain medication. She reports she does very well on her current medication regimen and that they allow her to remain functional, cooking, cleaning, keeping up her residence with decreased pain and allow her to run short distance errands. On physical examination she had tenderness of the lumbar paraspinal muscles. Her left knee has a large surgical scar that is well healed. She has full range of motion. Her current treatment regimen includes Norco 10/325mg, Motrin 800mg, Prilosec and Amitriptyline 10mg. In dispute is a decision for Norco 10/325mg #450 (90 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #450 (90 DAY SUPPLY): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments; Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials
Page(s): 94; 80; 81; 60.

Decision rationale: The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The treating physician has described improvement in activities of daily living as result of using opioids. Non-random drug testing is occurring, although the results have not been provided apart from a statement that the results are Non-opioid therapy was in use around the time that the primary treating physician took over care. Function did not markedly improve when opioids were added, although subsequent reports refer to functional improvement due to opioids. The injured worker retired from work more than 10 years ago. Opioid prescribing has been stable. A pain contract is present. Given the above factors, the major requirements for ongoing opioid use are met sufficiently. The ongoing Norco is medically necessary. The Utilization Review decision is overturned, as the primary treating physician has provided sufficient documentation of functional improvement and compliance with other aspects of the MTUS. Some of this information was received after the Utilization Review, in response to the Utilization Review, the Norco 10/325 Mg #450 (90 Day Supply) is medically necessary.