

Case Number:	CM14-0213294		
Date Assigned:	01/28/2015	Date of Injury:	03/04/2005
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male with date of injury 03/04/05. The treating physician report dated 11/25/14 (14) indicates that the patient presents with pain affecting the lumbar spine, right knee, and bilateral hip pain. The physical examination findings reveal that his lumbar spine pain is at a 3/10 intermittent and unchanged from previous visit with radiation of pain into the bilateral lower extremities with numbness. The right knee pain is 7/10 on using and 3/10 without using the knee is constant and unchanged. Tenderness medially with crepitus was found on examination of the right knee. ROM was 0 to 100 degrees. Bilateral hip pain is 0/10. Patient currently takes Norco daily and reports improvement in pain level from 7/10 to 3/10. Pain is made better with rest, medications and hot shower. The current diagnoses are: 1. Right knee tricompartmental osteoarthritis 2. Lumbar spine sprain, status post fusion with residuals 3. Status post left hip replacement 4. Right hip pain The utilization review report dated 12/10/14 (18) denied the request for Norco based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 10/325mg between 11/20/2014 and 3/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, and Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with back and knee pain. The current request is for 90 Norco 10/325 mg. The treating physician states that the current request is to control the patient's symptoms and aid in restoring function in order to adequately perform his activities of daily living. MTUS recommends the usage of Norco for the treatment of moderate to moderately/severe pain and continued usage of the medication must be substantiated with proper documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the treating physician does indicate that the patient has decreased pain with medication usage allowing him to be more functional. However there is no documentation of analgesia or adverse effects and/or behaviors. All four A's must be documented for authorization of ongoing opioid usage per the MTUS guidelines. Recommendation is for denial.