

Case Number:	CM15-0016676		
Date Assigned:	02/05/2015	Date of Injury:	10/01/2008
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York, West Virginia, Pennsylvania
 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 56 year old female, who sustained an industrial injury on 10/1/2008. She has reported knee pain status post fall. The diagnoses have included osteoarthritis of the right knee, status post total knee in 2010, tendinitis, and large loose body right knee. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, activity modification, physical therapy, and total knee arthroplasty. Currently, the IW complains of right knee pain and swelling. On 1/5/2015, the physical examination documented moderate swelling of the right knee, motion 0-90 degrees, pain and poking with flexion to 100 degrees. The plan of care included continuation of medications as ordered. On 1/16/2015 Utilization Review modified certification for Norco 5/325mg one tablet by mouth every six hours, #30, noting the documentation did not support that guidelines had been met. The MTUS Guidelines were cited. On 1/29/2015, the injured worker submitted an application for IMR for review of Norco 5/325mg one tablet by mouth every six hours, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The patient suffers from osteoarthritis, pain and swelling in the right knee. Guidelines for opioid use require monitoring for pain relief, functional status, side effects and abusive behavior. The clinical information provided lacked documentation of ongoing review of pain relief, functional status, appropriate medication use and side effects. The request for Norco 5/325 mg #60 is not supported given the lack of documentation. According to guidelines, the medication should be weaned and discontinued.