

Case Number:	CM15-0125583		
Date Assigned:	07/10/2015	Date of Injury:	09/10/1999
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: California

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 injured worker (IW) is a 65 year old male who sustained an industrial injury on 09/10/1999. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having bilateral knee pain, osteoarthritis of left knee, and fracture of left foot fifth toe. Treatment to date has included right knee arthroplasty, and medications. Currently, the injured worker complains of needing continued pain medication for his right knee pain following right total knee replacement resulting from injury in 1999. His exam was minimal and centered on his cardiovascular and pulmonary status, which were normal, notation that he has a limping gait, and is neurologically alert. The treatment plan included writing a prescription for Norco, doing a drug of abuse screen, an opiates screen, and pain management. A request for authorization is made for the following: Retro Norco #180 (DOS 5- 5-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco #180 (DOS 5-5-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury of 1999. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The retro Norco #180 (DOS 5-5-15) is not medically necessary and appropriate.