

Case Number:	CM15-0170599		
Date Assigned:	09/11/2015	Date of Injury:	10/13/1998
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 10-13-1998. The mechanism of injury was not provided. The injured worker was diagnosed as having bilateral knee osteoarthritis. A recent progress report dated 7-21-2015, reported the injured worker complained of bilateral knee pain. Physical examination revealed left knee flexion deformity of 5 degrees, severe tenderness over the medial joint line and patello-femoral joint, patello-femoral crepitation and right knee tenderness. Radiology studies of the bilateral knees showed medial compartment arthritis of the left knee, lateral compartment of the right knee and patello-femoral arthritis of bilateral knees. Treatment to date has included steroid injections, Synvisc injections, elastic knee brace, physical therapy and medication management. The physician is requesting Norco 5-325mg, #90 and Ibuprofen 800 mg, #100. On 8-7-2015, the Utilization Review noncertified Norco 5-325 mg, #90 due to lack of documentation of functional benefit and medical necessity of two short acting opioids. The Utilization Review noncertified Ibuprofen 800 mg, #100 due to lack of documentation of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with NSAIDS without significant improvement in pain or function. There was no mention of Tylenol, NSAID, or weaning failure. Pain scores were not noted. The continued use of Norco is not medically necessary.

Ibuprofen 800mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over several months in combination with opioids. Pain scores were not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.