MAXIMUS Federal Services

Case Number:	CM15-0170844		
Date Assigned:	09/18/2015	Date of Injury:	03/22/2010
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old male injured worker suffered an industrial injury on 3-22-2010. The diagnoses included total knee replacement 2013. On 8-4-2015 the treating provider reported continued with pain and swelling over the tibia where he had some loosening of the component. The provider noted "He has a variety of options here and one of these would be continued use of narcotics and another one that I feel makes a lot of sense short of revision would be to consider a TENS unit." On exam 6-25-2015 there was reduced range of motion with clear looseness of the tibial component, heat and tenderness. Prior treatments included Norco at least since 2-12-2015 and Ultracet at least since 1-15-2015. The documentation provided did not include a comprehensive pain evaluation with pain levels with and without medications, evidence of functional performance with medication or an aberrant drug risk assessment. The Utilization Review on 8-26-2015 determined non-certification for Ultracet 37.5/325mg #30 with two refills and Norco 10/325mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #30 with two refills: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2010 and underwent a left total knee replacement in 2013. He is being treated for ongoing knee pain with findings of loosening and revision surgery is being considered. In January 2015 Ultracet was prescribed. In June 2015 he was taking Celebrex, Ultracet, and would take Norco with severe pain which was activity related. Physical examination findings have included decreased knee range of motion and clicking when testing for instability. His BMI is over 32. Ultracet and Norco are being prescribed with morphine equivalents of 7.5 and 10 mg respectively. Ultracet (tramadol/ acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. There would be no need to prescribe two combination opioid medications with nearly equal morphine equivalents. Continued prescribing is not medically necessary.

Norco 10/325mg #30 with two refills: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2010 and underwent a left total knee replacement in 2013. He is being treated for ongoing knee pain with findings of loosening and revision surgery is being considered. In January 2015 Ultracet was prescribed. In June 2015 he was taking Celebrex, Ultracet, and would take Norco with severe pain which was activity related. Physical examination findings have included decreased knee range of motion and clicking when testing for instability. His BMI is over 32. Ultracet and Norco are being prescribed with morphine equivalents of 7.5 and 10 mg respectively. Norco (hydrocodone/ acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. There would be no need to prescribe two combination opioid medications with nearly equal morphine equivalents. Continued prescribing is not medically necessary.