

Case Number:	CM15-0060512		
Date Assigned:	04/06/2015	Date of Injury:	05/03/2009
Decision Date:	05/29/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 62-year-old female, who sustained an industrial injury on 5/3/09. She reported right knee pain. The injured worker was diagnosed as having low back pain with degenerative disk disease with retrolisthesis, status post right total knee replacement on 8/1/11 and status post revision total knee replacement on 3/11/13. Treatments to date have included home exercise, PT, surgeries and medications. A physician's report dated 9/29/14 noted the injured worker's average pain was rated as 4/10. The diagnoses also included low back pain, dysthymia, insomnia and depression. On 1/25/2015 the injured worker complained of worsening right knee pain. The examination report noted a well-healed right knee scar with negative McMurray, straight leg raising test, FABER and instability tests. The treating physician requested authorization for Norco 10/325mg #60. The treatment plan included physical therapy and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedatives. There was no documentation of failure of treatment with NSAIDs and PT. The records did not show subjective or objective findings consistent with severe musculoskeletal pain syndromes. There was limited significant objective findings. There was no documentation of guidelines required compliance monitoring of UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #60 was not met. Therefore, the request is not medically necessary.