

Case Number:	CM15-0062873		
Date Assigned:	04/08/2015	Date of Injury:	12/05/2000
Decision Date:	05/13/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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 is a 69 year old male, who sustained an industrial injury on 12/5/00. He reported knee pain. The injured worker was diagnosed as having knee pain, osteoarthritis, and degenerative joint disease of the knee. Treatment to date has included right knee replacement, physical therapy, Cortisone injections, and a home exercise program. Currently, the injured worker complains of left knee pain. The treating physician requested authorization for Norco unspecified dosage and quantity. The treating physician's report dated 1/12/15 noted that he did not feel it was in the injured worker's best interest to continue with Norco as there is a significant addictive potential with this medication. Left knee replacement was included in the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, unspecified dosage and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with left knee pain and low back pain. The treater has asked for NORCO UNSPECIFIED DOSAGE AND QUANTITY on 1/12/15. The request for authorization was not included in provided reports. The patient is in constant pain and cannot walk any steps without pain, and has increasing back pain per 1/12/15 report. The patient is s/p 4 right knee surgeries, the most recent a total right knee arthroplasty in 2010 which was successful and gave good relief of pain per 12/15/14 report. The patient's most recent left knee surgery was in 2001, which showed significant changes on the medial aspect of the knee per 1/12/15 report. The patient had 3 cortisone shots, the most recently 2 months ago, with unspecified efficacy per 12/15/14 report. The patient is currently retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is taking Norco as of 11/7/14 report, and an unspecified "narcotic pain medication" has been included in patient's medications per treater report dated 12/15/14. The patient has failed NSAIDs, and the patient continues to take Norco regularly to deal with constant knee pain per 11/7/15 report. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports are included, and review of reports do not show evidence of urine drug screens. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.