

Case Number:	CM15-0065624		
Date Assigned:	04/13/2015	Date of Injury:	05/03/2011
Decision Date:	05/18/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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, North Carolina
 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 40 year old female, who sustained an industrial injury on May 3, 2011. Treatment to date has included right knee replacement, medications, and home exercise program. Currently, the injured worker complains of right knee pain which the injured worker rates a 7 on a 10-point scale. She reports that the knee tightens up and she is unable to climb hills, driveways, bend, squat, and jump. She is limited to chores and activities. Objective findings included mild limp and mild weakness of the right quadriceps. She has tenderness without heat of the right knee and right ankle. Diagnosis associated with the request includes status post right knee replacement. Her treatment plan includes home exercise and medications of Norco #90 and Naproxen #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 787-80.

Decision rationale: The request is for continuance of opioid therapy in the form of Norco 10 mg/325 mg, #90 in a patient who underwent a total knee replacement almost one year ago. CA MTUS guidelines state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication usage and side effects in a patient on long-term opioid therapy. None of these criteria are present in this patient's medical records. There is also no documentation of a signed narcotic contract or evidence of urine drug screening in this patient. In addition, the documentation is very limited as to what benefit, if any, that the patient is receiving from the prescribed opioids. Opioids are typically recommended for short-term use (16 weeks or less) and beyond this time frame there is no evidence that opioids are efficacious. Thus this request is not medically necessary.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request is for Naproxen 550 mg, #60. The CA MTUS states that NSAIDs are recommended for osteoarthritis and should be used at the lowest dosage for the shortest time period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. NSAIDs are recommended for acute exacerbations of low back pain. For chronic low back pain, NSAIDs are recommended only as an option for short-term symptomatic relief. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. Thus, the request for continuance of Naproxen is not medically necessary at this time.