

Case Number:	CM15-0073168		
Date Assigned:	04/23/2015	Date of Injury:	10/03/2002
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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: Ohio, North Carolina, Virginia
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 female who sustained an industrial injury on 10/3/02. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having chronic low back pain with right sciatica, probably right L5 radiculopathy, status post lumbar decompression and fusion L5-S1 (5/31/11), bilateral knee pain status post right total knee arthroplasty (1/28/13) and status post left total knee arthroplasty (8/5/13). Treatments to date have included oral pain medication, cortisone injections, anti-inflammatory medication, and activity modification. Currently, the injured worker complains of right knee pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49 & 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78-81 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality. In this case, the medical record shows a 50% pain improvement with Norco with analgesia lasting 3 hours. A CURES report is referenced on 10-27-2014 as being consistent with prescribed medications. A request for four times a year urine drug screening was made on 2-3-2015. With the pain medication, the injured worker can walk, bend, and do chores more easily. The utilization reviewer opined that there was no functional improvement because the injured worker stayed in bed all day. In fact, the injured worker suffers from severe daytime somnolence because of his psychiatric medication and has been prescribed Nuvigil and amphetamine salts to combat the sedation. Norco 10/325 mg #120 is therefore medically necessary.