

Case Number:	CM15-0092465		
Date Assigned:	05/18/2015	Date of Injury:	06/05/1999
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, California
 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 65-year-old female who sustained an industrial injury on 06/05/1999. The injured worker was diagnosed with status post bilateral total knee arthroplasty and lumbar stenosis. The injured worker is status post right total knee replacement in 2004 and left total knee replacement in 2006. Recent documented treatments include bilateral knee braces and medications. According to the primary treating physician's progress report on March 30, 2015, the injured worker continues to experience pain in the right knee. Examination demonstrated no deformity or recent trauma. Tenderness to palpation was noted about the medial joint line with decreased range of motion of 90 degrees on flexion and minus 10 degrees on extension. There was no laxity on valgus or varus stress testing, no sensory deficits and 2+ deep tendon reflexes bilaterally and symmetrical. Strength on flexion and extension was documented at 4+/5. Current medications listed in December 29, 2014 are Norco, Cyclobenzaprine, Tramadol and pain patches. Treatment plan consists of the current request for Norco 10/325mg for break through pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. The physician planned to wean the Norco and the amount was reduced to 60 per month from 90. However, a weaning protocol was not provided. Time frame of weaning and agreement with the claimant was not mentioned. Long-term use is not indicated and the Norco prescribed and planned is not per guidelines and not medically necessary.