

Case Number:	CM13-0009076		
Date Assigned:	03/10/2014	Date of Injury:	03/23/2004
Decision Date:	04/03/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year-old male who was injured on 3/23/2004. He has been diagnosed with status post left knee replacement; new onset right knee pain secondary to increased physical activity; post lumbar laminectomy syndrome; and chronic opioid dependence. According to the 7/18/13 report from [REDACTED], he presents with low back and bilateral knee pain. He has been managing pain with Norco and OxyContin. [REDACTED] refilled the medications, and referred him to [REDACTED] for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG #240:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient presents with chronic back pain and bilateral knee pain. The medical report from 7/18/13 does not provide a pain assessment, nor discuss function. The

MTUS guidelines for long-term users of opioids state that pain should be assessed each visit, and function should be discussed within 6-months using a numeric scale or validated tool. The medical records provided for review include 6/18/13, 3/12/13 and 2/14/13 from [REDACTED], but none of the reports discuss efficacy of medications, provide a pain assessment or document functional improvement. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, improved function or improved quality of life with the use of Norco. Therefore, the requested Norco is not medically necessary or appropriate at this time.