

Case Number:	CM13-0013607		
Date Assigned:	09/26/2013	Date of Injury:	12/11/1997
Decision Date:	02/11/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

The patient is a 73-year-old gentleman who was injured on 12/11/97. Recent clinical records for follow up assessment include a prior clinical note by [REDACTED] on 03/25/13 indicating a chief complaint of back pain, stating a diagnosis of low back pain and right knee pain with physical examination showing 5/5 motor strength about the upper and lower extremities, normal reflex, normal gait pattern, and diminished range of motion with tenderness to palpation. Narcotic analgesics in the form of Norco were recommended at that time for further ongoing care. Further clinical records in this case indicate that the claimant is being treated for his complaints with medication management. There is no documentation of other forms of conservative care noted. The claimant's initial injury and clinical imaging are also silent. As stated above, there is the request for continuation of narcotic analgesics in the form of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg tablets QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use and Treatment Page(s): 78 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use. Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of continued use of Norco in this case would not be supported. Guideline criteria recommend the discontinuation of opioids if there is diminished function, no overall improvement in function, or continued pain despite intolerance. Records in this case demonstrate no indication of functional improvement over the course of the past several years with this form of current treatment regimen. The records are silent in regard to imaging, formal diagnosis or other forms of treatment that have been utilized. Given the claimant's vague clinical presentation with no documentation of benefit from the above agent, its specific request would not be indicated at this time.