

Case Number:	CM13-0016200		
Date Assigned:	11/06/2013	Date of Injury:	06/18/2012
Decision Date:	01/31/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/26/2013

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 Medical Toxicology Pediatrics, has a subspecialty in Toxicology and is licensed to practice in Massachusetts and New York. 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:

42 year old patient with date of injury on 6/18/12. Patient complains of right knee pain and back pain. Patient has undergone knee surgery and also had various pharmacological treatments. Patient has been on Norco before Patient also had significant psychiatry history: patient attempted suicide many times before. The medication in dispute is Norco 10-325.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 to 85. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Von Korff MRLong-term use of opioids for complex chronic pain. Best Pract Res Clin Rheumatol. 2013 Oct;27(5):663-72. doi: 10.1016/j.berh.2013.09.011. Epub 2013 Oct 5

Decision rationale: Not medically necessary. Criteria used MTUS and PubMed literature review. After reviewing the available documents it is reasonable to conclude that patient has reached a plateau level with regard to his knee pain MTUS guidelines (page 82) recommends that opioids

for neuropathic pain is not recommended as first line therapy. Some modifications in the indication have been documented in the MTUS guideline such as treatment of cancer pain etc. But patient's present documented clinical situation does not indicate such medical condition. Also there was concern for patient safety with opioids given patients' prior suicide attempt.