

Case Number:	CM13-0024420		
Date Assigned:	11/20/2013	Date of Injury:	05/23/2013
Decision Date:	02/07/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 35-year-old male who reported an injury on 05/22/2012. The patient is diagnosed with possible internal derangement meniscal tear. The patient was seen by [REDACTED] on 07/25/2013. The patient reported 70% to 80% improvement. Physical examination was not provided. Treatment recommendations included continuation of physical therapy and a refill on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Oral Tab 10-325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 47,46-7, 116, and 115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-8.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical

notes submitted, the patient has continuously utilized this medication. The patient's physical examination was not provided for review. Therefore, documentation of a significant musculoskeletal or neurological deficit that would warrant the need for ongoing opioid management was not provided. Furthermore, there is no indication of a failure to respond to non-opioid analgesics prior to the initiation of an opioid. Based on the clinical information received, the request for Norco Oral Tab 10-325mg is non-certified.