

Case Number:	CM13-0035191		
Date Assigned:	01/31/2014	Date of Injury:	03/14/2007
Decision Date:	05/08/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Practice 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:

The injured worker is a 69-year-old male who reported an injury on 03/14/2007 after he felt a pop in his right knee while he walked down a ramp. The injured worker's treatment history included left knee arthroplasty, physical therapy for the right knee, steroid injections for the right knee, and medication management. The injured worker was evaluated on 09/10/2013. Physical examination revealed restricted right knee range of motion with obvious varus deformity of the right knee. The injured worker's diagnoses included stable left knee arthroplasty, and right knee degenerative osteoarthritis. The injured worker's treatment plan included elective right knee arthroplasty at his discretion. A request was made for Norco 7.5/325 mg #60. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION NORCO 7.5/325MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 and 78..

Decision rationale: The requested prescription Norco is not medically necessary or appropriate. The clinical documentation did not provide a medication history. Therefore, there is no way to determine if this is an initiation of opioid therapy or request for ongoing use. California Medical Treatment Utilization Schedule recommend initiation of opioid therapy for patients who have failed other first line medications. The clinical documentation submitted for review does indicate that the injured worker has been on anti-inflammatory medications. However, there is no documentation that the injured worker has failed to respond to anticonvulsants or antidepressants. Also, California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the injured worker meets any criteria for ongoing opioid usage. Additionally, the request as it is submitted does not specifically identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested prescription Norco 7.5/325 mg #60 is not medically necessary or appropriate.