

Case Number:	CM13-0040586		
Date Assigned:	12/20/2013	Date of Injury:	10/02/2006
Decision Date:	02/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation, 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 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 48 year old male with a date of injury of 10/02/2006. UR dated 09/23/2013 recommends modified certification of Norco from #60 to #45 due to lack of information about functional benefits of opioid. Patient is status post open reduction internal fixation (2006), RTR and removal of hardware (2007), open reduction internal fixation of left lateral tibial plateau fracture (2006), arthroscopic debridement, lateral meniscectomy (2008), subsequent removal of hardware (2010), and left knee arthroscopic revision (01/04/2013). Progress report dated 09/10/2013 by [REDACTED] recommends Norco 10 b.i.d p.r.n. #60. Report dated 08/28/2013 by [REDACTED], states patient presents with continued complaints of left knee, ankle and foot. It was noted that the left ankle showed significant symptoms with continuation of brace for stabilization due to arthritic changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with a long history of chronic lower back, left knee and foot pain. Patient is status post multiple surgeries including most recent left knee arthroscopic revision dated 01/04/2013. Numerous reports included in the 1112 page medical file makes specific requests to refill Norco. Medical records are not clear to exactly when the patient was first prescribed this medication. However, seeing that progress report dated 04/04/2013 requests a "refill" of Norco, it can be assumed patient has been taking this medication prior to that date. Given the patient's surgery dated 01/04/2013 and continued complaints of pain, the recommendation for Norco may be warranted, however, the treater does not provide any discussion regarding pain reduction, specific functional changes and quality of life issues with the use of Norco. There are two reports dated 05/31/2013 and 07/26/2013 that states "for pain, he has been taking Norco 10/325 mg two times a day as needed." No other discussion regarding Norco is made. MTUS pgs. 88, 89 recommends documentation of pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Recommendation is for denial.