

Case Number:	CM13-0041801		
Date Assigned:	01/15/2014	Date of Injury:	01/28/2000
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine and Internal Medicine 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:

According to the records made available for review, this is a 74-year-old male with a 1/28/00 date of injury. At the time (9/17/13) of request for authorization for one (1) prescription of Norco #210, with four (4) refills, there is documentation of subjective (left knee pain, cannot put any weight on the knee, it is constantly swollen) and objective (moderate swelling of the left knee, unable to fully extend it, he can only flex it to about 90 degrees, very little strength in the knee with ambulation, and a great difficulty with movement) findings. The current diagnoses include chronic left knee pain with history of left knee replacement and multiple other surgeries and multiple postoperative complications including deep vein thrombosis (DVT). The treatment to date include medication including Norco for at least eight (8) months. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an Final Determination Letter for IMR Case Number [REDACTED] 3 increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF NORCO #210, WITH FOUR (4) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, Page(s): 74-80.

Decision rationale: The Chronic Pain Guidelines require documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The Guidelines indicate that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of the diagnoses of chronic left knee pain with a history of left knee replacement, multiple other surgeries, and multiple postoperative complications including a deep vein thrombosis (DVT). In addition, there is documentation of treatment with Norco for at least eight (8) months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Norco #210, with four (4) refills is not medically necessary.