

Case Number:	CM13-0045263		
Date Assigned:	12/27/2013	Date of Injury:	11/10/2010
Decision Date:	05/19/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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 patient is a 59-year old female who was injured in a work related accident on 11/10/10. Records indicate multiple injuries from an orthopedic perspective at that time including a left SI joint injury and bilateral knee injuries that resulted in bilateral knee arthroscopies. The right knee arthroscopy took place on 06/24/13. A recent clinical assessment from 09/17/13 was handwritten, indicating continued complaints of bilateral knee pain and pain to the SI joint with objective findings showing vital signs and tenderness bilaterally. The clinical recommendation at that time was for a prescription of Norco. The June 24th operative report indicates the claimant actually underwent bilateral knee arthroscopies with partial lateral meniscectomy and debridement on the right and partial lateral meniscectomy and debridement on the left. Postoperative courses of care have included physical therapy, strengthening and medications. At present there is a request as stated for Norco for continued use in this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NORCO 10/325 MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN Page(s): 76-80.

Decision rationale: MTUS Guidelines would not support the continued use of Norco. The claimant is now several months post bilateral knee arthroscopies with no demonstration of functional deficit. It would be unclear as to why the continued use of short acting narcotic analgesics would be indicated in this individual. The specific request for Norco with a refill with lack of documentation of benefit from the prescriptive agent would not be indicated.