

Case Number:	CM13-0046195		
Date Assigned:	12/27/2013	Date of Injury:	06/19/2001
Decision Date:	03/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Pain 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 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 injured worker is a 46 year old male who sustained a work-related injury on June 19, 2001. The patient has a diagnosis of moderate knee osteoarthritis and is status post left total knee replacement. The patient continues to do a home exercise program. A TENS unit provides some help with muscle relaxation. The patient has been on Norco since June 2012 and there has not been significant change in the patient's symptoms or functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco 10/325mg with two refills: Upheld

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

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

Decision rationale: The injured worker is on Norco long-term. There have been two utilization review determinations which had recommended discontinuation of Norco because of lack of documentation of functional benefit. The most recent progress report submitted for review is dated October 15, 2013. The 4 A's of opioid monitoring have not been met. There is no documentation of monitoring for aberrant behavior, including looking up the patient's

information in the California cures database or performing random urine drug testing. From a functional perspective, it is unclear what benefit the patient is gaining from chronic narcotic use. Given this, Norco is recommended for non-certification. The request is noncertified.