

Case Number:	CM13-0054046		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	04/30/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

his is a male patient with a date of injury of April 12, 2012. A utilization review determination dated October 15, 2013 recommends noncertification of Norco. Noncertification is recommended due to lack of documentation of improved pain and function from the use of this medication. A progress report dated March 28, 2013 includes subjective complaints indicating that the patient had sharp knee pain after a fall in the shower. The pain is reduced with Norco. The patient is using a cane and is improving slowly with therapy in home exercises. The physical examination identifies patellofemoral tenderness and medial and lateral joint line tenderness. The knee is stable. Diagnoses include status post right medial and lateral meniscectomy and patellofemoral chondroplasty, exacerbation of knee pain secondary to fall, and extreme obesity. The treatment plan recommends a knee rehabilitation program, ice and anti-inflammatory medication, and weaning off Norco. A progress note dated March 14, 2013 includes a prescription for naproxen 550 mg #60. Additionally, omeprazole 20 mg #60 is also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 76-79.

Decision rationale: California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no recent documentation that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.