

Case Number:	CM13-0060494		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2008
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 44-year-old male who sustained an unspecified injury on 03/10/2008. The patient was evaluated on 10/22/2013 for complaints of aching, stiffness, soreness, pulling sensation, pain with movement, and numbness to the left knee. The patient noted his pain as 7/10 on a Visual Analog Scale. The documentation further indicated the patient noted his pain had recently increased. The physical examination noted the patient was uncomfortable and had difficulty walking and sitting. The patient's musculoskeletal strength was noted as 5/5 for all groups tested. The documentation additionally noted the patient had significant pain along the lateral aspect of his knee and he had substantial point tenderness on the lateral, anterior medial aspect of his knee, crepitus to range of motion testing, and guarding with lateral motion of his knee. It was additionally noted the patient's physical examination findings were unchanged from prior appointments. The treatment plan included continuing the patient's medications to include Norco 10/325, which was prescribed by a different physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-79.

Decision rationale: The documentation submitted for review indicated the patient had a 7/10 pain level upon assessment. The documentation submitted for review did not indicate whether this was with or without medication. The documentation further indicated the patient recently had an increase in pain. The California MTUS Guidelines recommend ongoing monitoring of opioid therapy. Ongoing monitoring should include analgesic effect. The documentation submitted for review did not indicate the patient had a significant analgesic effect with the continued use of the medication. The Guidelines additionally recommend ongoing monitoring for functional improvement. The Guidelines recommend discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances. The documentation submitted for review did not indicate extenuating circumstances. The documentation indicated the patient had no overall improvement in function. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for Norco 10/325mg #120 is non-certified.