

Case Number:	CM13-0070226		
Date Assigned:	01/17/2014	Date of Injury:	04/14/2004
Decision Date:	05/28/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/24/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 injured worker is a 56-year-old female who reported an injury on 04/14/2004. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the bilateral knees. The injured worker's treatment history included bilateral knee surgical intervention and extensive postoperative physical therapy. The clinical documentation submitted for review indicated that the injured worker had been on Norco/APAP since at least 03/2013 and Celebrex since at least 05/2013. The injured worker was evaluated on 09/26/2013. It was documented that the injured worker had ongoing knee pain. Physical findings included a positive patellar grind, positive McMurray's, and a positive varus/valgus test of the bilateral knees. A treatment recommendation of physical therapy for the left knee was provided. A request for refill of medications was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO+APAP 10/325MG #120 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested One Prescription of Norco+APAP 10/325mg #120 with 4 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing documentation of functional benefit, pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does provide evidence that the injured worker is monitored for aberrant behavior with urine drug screens. However, there is no documentation of functional benefit or a quantitative assessment of pain relief resulting from medication usage. Additionally, the requested 4 refills does not allow for timely re-assessment and evaluation of this medication for efficacy. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested One Prescription of Norco+APAP 10/325mg #120 with 4 refills is not medically necessary or appropriate.