

Case Number:	CM14-0001832		
Date Assigned:	01/22/2014	Date of Injury:	10/14/2005
Decision Date:	04/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 Internal 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 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:

This patient is a 53-year-old male with date of injury on 10/12/2005 where he had a work related accident falling from a fork lift and hitting his knees; he has had chronic symptoms ever since. He has had surgery on the left knee and according to the records, has planned bilateral knee replacements coming up. He has had MRI's showing severe osteoarthritis and as such, the knee replacements are felt to be the definitive treatment for his chronic pain in the knees. He has been on Celebrex in the past, which was reported to be quite helpful per the record. However, this has not been authorized per the notes and has been using Norco 10/325 for pain control prescribed during the first visit of available records of 2/13/2013. He has been on a chronic, stable dose of up to 6 a day. He also has used Zanaflex for adjunctive pain relief. The current request is for Norco 10/325 #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 tabs: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has been taking Norco 10/325 since February 2013 with reported improvement in functional status and decrease in pain. There are reports of urine drug screening consistent with Norco use and no other prescription drugs. His pain has worsened off the Norco and is reported that his functional status worsened. There has been no sign of abuse and there is a plan for bilateral knee replacements with a goal of relieving the patient's chronic pain and need for long-term opioids. As such, this patient meets the criteria for stable use of chronic opioids according to the MTUS guidelines and adequate documentation exists to support the use of this medication. As such, the Norco 10/325 #180 is medically necessary and I am reversing the prior UR decision.