

Case Number:	CM14-0004652		
Date Assigned:	04/04/2014	Date of Injury:	01/08/2007
Decision Date:	05/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology 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:

According to the records made available for review, this is a 55-year-old male with a 1/8/07 date of injury. At the time (12/12/13) of request for authorization for 1 prescription for Norco 10/325MG #120, there is documentation of subjective findings of back and right hip pain as well as shooting pain down the right leg with numbness. Objective findings revealed limited lumbar spine range of motion, altered sensor loss at the right lateral calf and bottom of foot, and ambulation with a limp. The current diagnoses included history of right knee arthroscopy with medial and lateral meniscal tears, ongoing knee pain with degenerative joint disease, lumbar sprain/strain, and right hip pain. The treatments to date included Norco (since at least 10/25/12) with 50% functional improvement with medications. The medical report identifies that the patient is under narcotic contract, that urine drug screens have been appropriate, and that the patient demonstrated functional improvement with the medications versus not taking them. There is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of history of right knee arthroscopy with medial and lateral meniscal tears, ongoing knee pain with degenerative joint disease, lumbar sprain/strain, and right hip pain. In addition, there is documentation ongoing treatment with Norco since at least 10/25/12, and a rationale identifying that the patient is under narcotic contract and that urine drug screens have been appropriate. However, despite documentation of 50% functional improvement with medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Norco 10/325MG #120 is not medically necessary.