

Case Number:	CM14-0008760		
Date Assigned:	02/12/2014	Date of Injury:	04/13/2011
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 55-year-old male who reported an injury on 04/13/2011. The mechanism of injury was unclear in the clinical documentation provided. The clinical note dated 01/02/2014 reported that the injured worker complained of right hip pain and bilateral knee pain. The injured worker described the pain as aching, cramping, exhausting, fearful, heavy, sharp, and shooting. The injured worker rated his pain at 6/10 to 8/10 to the right hip. The injured worker rated his pain at 4/10 while taking medication. The injured worker reported difficulties with activities of daily living including walking and running. The injured worker also complained of difficulty with balance, locking of the knees, loss of range of motion, loss of sensation in the limbs, muscle wasting, numbness, painful to light touch/air blowing and tingling of the left lower limb. On the physical exam, the provider demonstrated restricted range of motion with flexion limited to 90 degrees, and extension limited to 30 degrees. The provider noted upon inspection of the right knee, range of motion was restricted with flexion limited to 130 degrees, and extension limited to 0 degrees. The provider also indicated tenderness to palpation over the medial joint line. The provider requested 240 tablets of Norco 10/325 mg. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 TABLETS OF NORCO 10/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: The request for 240 tablets of Norco 10/325 MG is non-certified. The injured worker complained of right hip pain, and bilateral knee pain. The injured worker described the pain as aching, cramping, exhausting, fearful, heavy, sharp, and shooting. The injured worker reported his pain was rated 6/10 to 8/10 for the right hip. The injured worker rated his pain at 4/10 to the right hip with medication. The injured worker reported difficulties with activities of daily living including walking and running. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also note the pain assessment should include current pain, the least reported pain over a period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The Guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of objective findings indicating the injured worker to have significant functional improvement with the medication. There is also a lack of documentation of a recent urine drug screen. Additionally, the provider failed to provide an adequate pain assessment in the clinical documentation submitted. Therefore, the request for 240 tablets of Norco 10/325 mg is not medically necessary.