

Case Number:	CM14-0106447		
Date Assigned:	07/30/2014	Date of Injury:	08/12/2003
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 57-year-old female who reported an injury on 08/12/2003. The mechanism of injury was cumulative trauma while working as a home care provider. The diagnoses provided were sprain of the lumbar region, lumbosacral neuritis, thoracic/lumbar disc displacement and thoracic/lumbar disc degeneration. The past treatments that the injured worker has undergone included physical therapy, a brace for the left knee, a cane for ambulation, a home exercise program and medications. Diagnostic studies included a magnetic resonance imaging (MRI) of the lumbar spine. Surgical history included bilateral carpal tunnel release surgery in the 2000s, a right knee surgery in 2006, a right total knee replacement in 2010 and a recent endoscopy. The most recent progress report submitted for review was dated 05/28/2014, which indicated that the injured worker had complaints of a recent flare up of the left knee with symptoms of popping, locking and giving way. The injured worker reported that her pain level was a 7/10 with medications and a 9/10 without medications. The injured worker reported that the duration of pain relief was 6 to 8 hours while utilizing her medications. The injured worker reported that with the medication, she was able to perform activities of daily living (ADLs) and have improved participation in a home exercise program. Upon examination of the left knee, there was tenderness to palpation over the medial joint line, greater than the lateral joint line and patellofemoral joint. There was increased pain with the McMurray's test. There was no laxity noted. Range of motion of the left knee was flexion at 112 degrees and extension at 0 degrees. Medications included Norco 10 mg and Anaprox DS twice daily. The records submitted for review failed to include the duration that the injured worker had been utilizing Norco. The treatment plan was that the injured worker was to continue with a home exercise program and medications. A set of Request for Authorizations were submitted for physical therapy, a left knee brace and for a cane. As well, as x-rays of the left knee and a Request for Authorization for a

random urine sample and to follow-up in 5 to 6 weeks. The rationale that the physician provided for the request to prescribe Norco 10 mg was for the treatment of chronic pain syndrome. The records submitted for review included the Request for Authorization form dated 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #30: 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): 78.

Decision rationale: The request for Norco 10 mg #30 is not medically necessary. The California MTUS states that ongoing management actions should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The records submitted for review indicated that the injured worker was utilizing Norco 10 mg; however, the duration of use was not provided. Furthermore, it was noted that the injured worker rated her pain at a 7/10 with medications and a 9/10 without medications with duration of relief of 6 to 8 hours. The injured worker indicated that she was able to perform activities of daily living (ADLs) and improve in participation in the home exercise program while utilizing her medications. However, the records submitted for review failed to include documentation of the occurrence or nonoccurrence of side effects. Furthermore, the request as it was submitted failed to include a frequency for the requested medication. Therefore, necessity cannot be determined. Given the above, the request for Norco 10 mg #30 is not medically necessary.