

Case Number:	CM14-0011228		
Date Assigned:	02/21/2014	Date of Injury:	02/10/2012
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/28/2014

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 Illinois. 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 65-year-old male who reported an injury on 02/10/2012 due to a fall. The injured worker's treatment history included physical therapy and surgical intervention and medications. The injured worker was evaluated on 11/19/2013. It was documented that the injured worker had continued pain complaints limiting his ability to participate in therapy. The injured worker's active medications were listed as nabumetone 500mg, amitriptyline hydrochloride 75mg and Norco 5/325mg. The injured worker's diagnoses included right knee medial compartment osteochondritis dissecans (OCD) and right knee medial meniscectomy. The injured worker's treatment plan included authorization of medications, 6 additional physical therapy visits for the right knee and an MRI (magnetic resonance imaging) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG, QTY: 120.00, WITH 3 REFILL, DOS: 11/19/13: 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 Norco 5/325mg (Quantity: 120.00), plus 3 refills for the date of service of 11/19/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 02/2012. The clinical documentation fails to provide any evidence of significant pain relief resulting from medication usage. There is no documentation of functional benefit. The clinical documentation does not provide any evidence that the injured worker is engaged in a pain contract and is regularly monitored for aberrant behavior. Furthermore, the request does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Also, the request includes 3 refills. This does not allow for timely reassessment to establish the efficacy of the requested medication. As such, the requested is not medically necessary or appropriate.