

Case Number:	CM14-0015632		
Date Assigned:	03/03/2014	Date of Injury:	06/24/2009
Decision Date:	07/01/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 66-year-old male who reported an injury on 06/24/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 12/10/2013 is handwritten and largely illegible. The diagnoses were tear of the medial meniscus knee and internal derangement of the knee. The injured worker reported a clicking in the knee and pain when walking and standing. On physical exam, the injured worker had an antalgic gait and the left knee had slight tenderness. The injured worker's prior treatments have included surgery and medication management. The provider submitted a request for Norco. The Request for Authorization dated 09/20/2013 is for oral medication and compound creams; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION/ NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee/Leg and Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug use behaviors and side effects. Furthermore, the request does not provide a dosage, frequency or quantity for the medication. Based on the documentation provided, the request for Norco is not medically necessary and appropriate.