

Case Number:	CM14-0116478		
Date Assigned:	08/04/2014	Date of Injury:	07/23/2010
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 07/23/2010. The mechanism of injury was not provided. On 01/06/2014 the injured worker presented with persistent pain and swelling of the right knee. Examination of the right knee noted no deformity or spasm, no malalignment of the right knee, no swelling or ecchymosis, a 1 cm quadriceps atrophy and no atrophy of the right calf. The injured worker walked with a right lower extremity antalgic gait. Diagnoses were persistent symptomatic anterior cruciate ligament insufficiency and medial meniscus tear of the right knee. Prior therapy included surgery and medications. The provider recommended Norco 7.5 mg with a quantity of 60 and 1 refill. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco 7.5 mg with a quantity of 60 and 1 refill is not medically necessary. The California MTUS Guidelines recommend the use of opiates for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status; appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.