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| Case Number: | CM14-0120375 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 09/08/2013 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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 Family Medicine 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:

56 yr. old female claimant sustained a work injury on 9/8/13 involving the right knees. She was previously diagnosed with right shoulder AC joint dysfunction, right biceps tendonitis, left shoulder impingement and a superior labral tear . She had undergone acromioplasty of the left shoulder, and labral repair of the left shoulder. In addition she currently has chondromalacia of bilateral patellas. She had undergone therapy and received Celebrex as well as Mobic, which did not, improved her pain. She had received knee injections as well. She was scheduled to have arthroscopic knee surgery in August 2014. A request was made for Norco in July 2014 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial

basis for short-term use. Long Term-use has not been supported by any trials. In this case, the amount, duration and application of Norco is not specified. Norco as noted above without amount and dosage is not medically necessary.