

Case Number:	CM14-0123707		
Date Assigned:	08/08/2014	Date of Injury:	09/20/2011
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old male was reportedly injured on September 20, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 2, 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated tenderness to palpation of the medial joint line, crepitation, and a positive McMurray's test, decreased range of motion and muscle weakness noted to be 3/5. Diagnostic imaging studies reportedly noted degenerative changes within the knee. Previous treatment included arthroscopy, injections, multiple medications, and pain management interventions. A request had been made for Norco and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: The injury sustained, a surgical interventions completed and the findings noted on the most recent physical examination, there is no clear clinical indication presented that this medication is demonstrating any efficacy or utility in terms of reducing the pain symptomatology or increasing the overall functionality. As outlined in the MTUS, this is a short acting opioid medication indicated for the moderate to severe pain. This medication is often used for intermittent or breakthrough pain. Given the ongoing pain complaints, and by the fact that there is no increase in functionality, there is no clear clinical indication that this medication is having any of its intended effect. Therefore, the request is not medically necessary.