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| Case Number: | CM14-0126549 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 02/19/2013 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 02/19/2013 due to driving a big truck, and he was lifting and pushing heavy equipment. He felt pain in his left knee right after work and reported to his supervisor. Diagnoses were lower leg pain and ankle/foot joint pain. Past treatments were several different kinds of injections to the left knee, bracing, physical therapy, and acupuncture to the low back. Diagnostics were an MRI of the left knee. Surgical history was left total knee replacement on 01/28/2014. The physical examination on 07/29/2014 noted that the injured worker benefited from the use of ibuprofen along with Norco for his left knee pain. His pain level was reported at a 5/10 to 9/10. The injured worker used a DonJoy knee brace stating it was more supportive than the over-the-counter knee brace. The examination of the left knee revealed swollen and tender both medial and lateral aspects, and bruising over medial aspect. Medications were Ibuprofen 600 mg, Gabapentin 300 mg, and Norco 10/325 mg 1 tablet daily as needed. The treatment plan was to continue with medications and physical therapy as directed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 75, 78.

Decision rationale: The MTUS guidelines recommend short-acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.