

Case Number:	CM14-0131223		
Date Assigned:	09/19/2014	Date of Injury:	01/05/2009
Decision Date:	10/20/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 36-year-old male with a 1/5/09 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/8/14, the patient stated that with his medications, he has been able to keep his pain at a very manageable level. He denied any adverse reactions with his medications. In a note dated 5/5/14, the patient stated that Norco was effective and can decrease his pain from a 9/10 down to a 1-2/10. With his medications, he is able to fully function in his activities of daily living. He denied any adverse effects. It is noted that there is a signed opioid agreement in his chart. Objective findings: no significant changes. Slight right knee extensor lag, tenderness to palpation on the medial greater than lateral aspects. Diagnostic impression: status post right knee arthroscopic surgery, right knee pain secondary to internal derangement. Treatment to date: medication management, activity modification. A UR decision dated 7/28/14 modified the request for Norco to allow the patient 60 tablets for the purpose of weaning to discontinue. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 QD PRN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a note dated 5/5/14, the patient stated that Norco was effective and can decrease his pain from a 9/10 down to a 1-2/10. With his medications, he is able to fully function in his activities of daily living. He denied any adverse effects. Guidelines support the continued use of opioids with documented pain relief and functional improvement. In addition, it is noted that there is a signed opioid agreement in his chart. Therefore, the request for Norco 10/325mg #60 QD PRN was medically necessary.