

Case Number:	CM14-0135054		
Date Assigned:	08/29/2014	Date of Injury:	03/19/2002
Decision Date:	10/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 75-year-old male who reported an injury on 03/19/2002. The mechanism of injury was not specified. The injured worker had a history of bilateral knee pain. The injured worker had diagnosis of internal derangement of the left knee and internal derangement of the right knee. The injured worker's past surgical procedures included status post meniscectomy at the left knee. Prior treatments included Hyalgan injections, medication, and knee brace. The medications included Norco and Nexium. The objective findings dated 07/18/2014 revealed a slow antalgic gait with flexion of 110 degrees, and extension of 170 degrees. Crepitus noted with range of motion. Treatment plan included Norco and follow-up. The Request for Authorization dated 08/29/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #160 with 1 refill: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical notes did not address a measurable pain scale. The clinical notes stated, "He takes his medication once a month including Norco 10/325 mg" The request did not address the frequency. As such, the request is not medically necessary.