

Case Number:	CM14-0154397		
Date Assigned:	09/24/2014	Date of Injury:	09/19/2013
Decision Date:	12/04/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 9/19/13. She was seen by a provider on 8/25/14 to document medical necessity of denied Norco which is at issue in this review. Her diagnoses included chondromalacia, osteoarthritis; tear medial meniscus of knee, thoracic or lumbosacral neuritis or radiculitis and unspecified internal derangement of knee. She complained of right hip and knee pain and was attending physical therapy. She reported that Hydrocodone and Diclofenac were 'helping'. Her exam showed pain with range of motion of her hip with a positive Trendelenburg. She had a positive right knee patellar grand and tenderness on the medial aspect. She had radiculopathy noted at L3-4 and L4-5. She is status post knee arthroscopy in 5/14. She reported that Norco reduced her pain to perform some of her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg tab: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Opioids Page(s): 74-80.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2013. Her medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The provider visit of 8/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. Therefore, Norco 10/325 mg tab is not medically necessary and appropriate.