

Case Number:	CM14-0158618		
Date Assigned:	10/02/2014	Date of Injury:	06/28/2012
Decision Date:	10/29/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Practice 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:

Claimant is a 52 year old male who sustained a work injury on 6/28/12 involving bilateral knees. He had a tear of the meniscus. He had used a TENS unit for pain and gained some benefit. A progress note on 7/28/14 indicated the claimant had bilateral knee arthritis. No exam was performed or pain scale mentioned. He was continued on Norco 10 /325mg ever hours for pain along with Etodoloc. A subsequent request was made in September 2014 for 3 months of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #100 with 3 refills quantity 400: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the California Medical Treatment Utilization schedule (MTUS) guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco with unknown

response to pain and unknown physical improvement. There is limited evidence on the use of opioids for knee pain. There was no mention of failure on Tylenol. The use of Norco for 3 months in advance is not medically necessary.