

Case Number:	CM14-0168363		
Date Assigned:	10/16/2014	Date of Injury:	11/12/2012
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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:

The female claimant sustained a work injury on 11/12/12 involving the left knee. She was diagnosed with an MRI in 2013 with chondromalacia patella and a tear of the medial meniscus. A progress note on 9/11/14 indicated the claimant had continued pain and difficulty with sleeping at night. She had been exercising at home. Exam findings were unremarkable. She had reduced her Norco to 10/325 mg BID. The physician provided her with 123 tablets of Norco to last an additional 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS 9/11/2014 120 tablets of Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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 MTUS guidelines Opioids are not indicated at 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 was requiring less Norco. A 2 month advance of Norco was given. It is also suggested that a patient be given a 30-day supply of medications. The claimant's continued need for Norco was not monitored more frequently- on a monthly basis. Therefore, the request is not medically necessary.