

Case Number:	CM14-0174044		
Date Assigned:	10/27/2014	Date of Injury:	06/02/1998
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 68-year-old male with a 6/2/98 date of injury. According to a progress report dated 9/24/14, the patient complained of bilateral knee pain. He stated that he has had significant arthritis in both knees and has been recommended to have surgery, but has put it off. He can look after himself normally performing self-care activities without having extra discomfort. The patient's urine tox screen was positive for opioids and Oxycodone and the CURES report was consistent with what the patient is reporting. Objective findings: significant intraarticular fluid collection on the left versus the right, knees were painful with movement. Diagnostic impression: bilateral knee arthritis. Treatment to date: medication management, activity modification. A UR decision dated 10/6/14 denied the request for Norco. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates 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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, given the 1998 date of injury, the duration of opiate use to date is not clear. It is noted that this patient is also taking Oxycodone. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Furthermore, the strength and quantity of medication requested was not noted. Therefore, the request for Norco was not medically necessary.