

Case Number:	CM14-0181650		
Date Assigned:	11/06/2014	Date of Injury:	03/01/2007
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine 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 claimant is a 59 year old female who sustained an industrial injury on 03/01/2007. The mechanism of injury was due to cumulative trauma from constant weight bearing. Her diagnoses include bilateral knee internal derangement, carpal tunnel syndrome, cervical myoligamentous injury, bilateral shoulder internal derangement,- s/p arthroscopic surgery and medication induced gastritis. She continues to complain of neck and bilateral knee pain. On physical exam the claimant ambulates with a single point cane. There is tenderness and rigidity of the cervical spine with trigger points and decreased range of motion. There is bilateral medial and lateral joint line tenderness of the knees with a positive McMurray sign bilaterally. Treatment in addition to surgery has included medications including opiates, a cane, physical therapy, and Synvisc injection to the knee. The treating provider requested Norco 10/325mg # 60 dispensed on 8/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg # 60, dispensed on 8/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Norco for pain control. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient had continued pain despite the use of short acting opioid medications. Medical necessity for Norco 10/325 was not established. The requested treatment was not medically necessary.