

Case Number:	CM14-0024467		
Date Assigned:	06/11/2014	Date of Injury:	10/19/2000
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 60 year old male who sustained an injury on 10/19/00 when he slipped and fell injuring his left knee. The injured worker had an extensive history of surgical interventions for the left knee with ongoing complaints of left knee pain. There were no updated clinical records provided for review. The most recent clinical documentation from two treating physicians addressed other information to determine the extent of injuries. There was no discussion regarding the current use of Norco by the injured worker. The requested Norco 10/325mg #90 with two refills was denied by utilization review on unspecified date.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, 1 TABLET 3 TIMES A DAY, QTY: 90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On Going management Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325mg quantity 90 with two refills, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. There was

no recent assessment from the prescribing physician substantiating the functional benefit and pain reduction obtained with this medication. Per guidelines there should be ongoing assessments regarding pain improvement and functional pain reduction and functional improvement with the use of short acting narcotics to warrant their ongoing use. There is also no documentation for any compliance testing for this injured worker which would be recommended for this medication per guidelines. Given the paucity of clinical information available for review to establish the efficacy of Norco, this reviewer would not have recommended the request.