

Case Number:	CM14-0034950		
Date Assigned:	06/23/2014	Date of Injury:	04/23/2008
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 Medicine and is licensed to practice in California and Nevada. 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 63 year old female whose date of injury is 04/23/08. Mechanism of injury was not described. Submitted clinical records indicated that the injured worker had bilateral degenerative joint disease of the knees and low back pain. Imaging studies confirmed the diagnosis of multicompartement osteoarthritis involving bilateral lower extremities. Treatment to date included oral medications and aquatic therapy. The injured worker ambulated with use of a walker and a scooter. Per the clinical notes the injured worker pain level was 9/10 without medications and decreased to 5-6/10 with the addition of an additional one Norco per day. The record included a utilization review determination dated 03/10/14 in which a request for Norco 10 325mg #210 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10 325mg #210 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has degenerative joint disease involving the bilateral knees. While the record reports that the injured worker has a nearly 50% pain reduction there is no evidence of functional improvements as a result. The records reflect that the injured worker ambulates with the use of a walker and utilizes a scooter. There is no evidence of increase in ability for self-care or activities of daily living. The record contains one urine drug screen which indicates compliance with the treatment plan. In the absence of more detailed clinical information the medical necessity for continued use of this medication has not been established.