

Case Number:	CM14-0042613		
Date Assigned:	06/30/2014	Date of Injury:	01/06/1986
Decision Date:	08/20/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 67 year old male injured on 01/06/86. The mechanism of injury is undisclosed. Current diagnoses included lower leg pain. Clinical note dated 03/17/14 indicated the injured worker presented for re-evaluation and follow up of bilateral knee pain. The injured worker reported doing well on current medication regimen and ability to function and stay more active. Additionally, reported thirty to fifty percent improvement in pain and ability to move with ease and work more around the house. Physical examination of the knee indicated: right knee scars secondary to arthroscopic surgery times two, bilateral joint irregularities, right knee swollen and tender, crepitus more on the right, tenderness at the medial joint line, tenderness at lateral joint line, right knee flexion to 90 degrees, left knee flexion 120 degree full bilaterally, stable to valgus and varus stress, motor strength 5/5, and sensory examination intact. The injured worker was wheelchair bound. Current medications included Amitiza 24 micrograms twice daily, glucosamine chondroitin 500/400 milligrams twice daily, venlafaxine hydrochloride twice daily, Celebrex 200 milligrams twice daily, Voltaren gel three times daily, Nexium 40 milligrams once daily, Norco 10-325 milligrams four times daily, Duragesic patch 50 micrograms/ hour every 48 hours. The initial request for Norco 10/325 milligrams #120 was not medically recommended on 03/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The injured worker reports 30 to 50 percent reduction in pain and ability to move more easily and perform more activities around the house. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Norco 10/325mg #120 is recommended as medically necessary at this time.