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| Case Number: | CM14-0047613 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 06/22/2008 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 03/20/2014 |
| 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 Pain Management and is licensed to practice in California. 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 50-year-old female who sustained cumulative trauma from June 22, 2008 to June 22, 2009 and an injury on February 25, 2004 and in 2005. She is diagnosed with (a) right knee patellofemoral arthralgia with osteoarthritis along with history of arthroscopy in July 2006; (b) left knee patellofemoral arthralgia with osteoarthritis; and (c) lumbar spine sprain/strain with bilateral lower extremity radiculopathy with a 1 mm disc bulge at L4-L5, 3 mm disc bulge at L5-S1, and 2 mm disc bulge at L2-L4. She was seen on March 6, 2014 for an evaluation. She complained of right knee pain, which was rated 7/10. She also complained of left knee pain. The examination of the bilateral knees revealed crepitus with range of motion. The range of motion was decreased. Norco was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 02/02/2014 Norco (Hydrocodone/APAP 2.5/325 mg) one po every 6 hours as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. The clinical case of the injured worker has satisfied neither of these conditions for the past six months that she has been taking Norco. Hence, the request is not medically necessary.