

Case Number:	CM14-0056290		
Date Assigned:	07/09/2014	Date of Injury:	04/28/2003
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 61-year-old male who reported an injury on 04/28/2003. He tripped over an empty pallet and fell hitting his elbow, buttock, and landing on the back of his head. On 04/14/2011, the injured worker presented with bilateral knee pain. Upon examination there was decreased range of motion to bilateral knees, mild pitting edema on the bilateral shin area, and a negative Spurling's. The injured worker was unable to tolerate a straight leg raise test and fabere due to right knee pain. Prior treatment included medications. The diagnoses were chondromalacia of the patella, pain in the joint, obesity, status post left total knee and status post left shoulder surgery. The provider recommended Norco 10/325 mg 2 to 3 times a day with a quantity of 65; the provider's rationale was not provided. The request for authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 2-3 times a day #65: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids, for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), 2014, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg 2 to 3 times a day with a quantity of 65 is not medically necessary. The California MTUS recommend the use of opioids with ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an updated clinical note revealing physical and functional deficits that would warrant the need for pain medication in the form of Norco. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate if this is a new or continuing medication. As such, the request is not medically necessary.