

Case Number:	CM14-0066824		
Date Assigned:	07/14/2014	Date of Injury:	08/21/2007
Decision Date:	08/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 reported an injury on 08/21/2007. The mechanism of injury was not stated. Current diagnoses include internal derangement of the right knee, status post right knee meniscectomy, internal derangement of the left knee, status post left knee arthroscopy with total joint replacement, GERD, diabetes, hypertension, weight gain, headaches, sleep issues, sexual dysfunction, and depression. The injured worker was evaluated on 05/06/2014. It is noted that the injured worker is currently utilizing a hot/cold wrap as well as a TENS unit. Physical examination revealed tenderness along the right knee, weakness to resisted function, instability of the left knee with 2+ laxity, and positive varus and valgus testing. Standing x-rays obtained in the office on that date indicated a 2 mm articular surface on the right. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has continuously utilized Norco 10/325 mg for an unknown duration. There is no documentation of objective functional improvement. There is also no documentation of a written pain consent or agreement for chronic use. There was no frequency listed in the current request. As such, the request for Norco 10/325 mg #40 is non-certified.