

Case Number:	CM14-0072604		
Date Assigned:	07/16/2014	Date of Injury:	04/19/1999
Decision Date:	09/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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, and is licensed to practice 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:

According to the records made available for review, this is a 64-year-old male with a 4/19/99 date of injury. At the time (4/9/14) of request for authorization for Norco 10/325mg #60 with 3 refills, there is documentation of subjective (persistent pain in the right shoulder, low back, and knees) and objective (right shoulder tenderness to palpation in the sternoclavicular joint, anterior capsule and acromioclavicular joint with decreased range of motion, crepitus on motion, positive impingement signs, and decreased strength of the right upper extremity; lumbar spine tenderness to palpation over the paralumbar musculature with decreased range of motion; bilateral knee positive patellar grind test, tenderness in the medial and lateral joint lines, positive McMurray's test, decreased range of motion, and decreased strength) findings, current diagnoses (right knee internal derangement, status post left knee arthroscopy, lumbar discopathy, and right shoulder impingement syndrome), and treatment to date (ongoing therapy with Norco with pain relief and increased functionality). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 3 refills: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement; status post left knee arthroscopy, lumbar discopathy, and right shoulder impingement syndrome. In addition, given documentation of ongoing treatment with Norco with pain relief and increased function, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 with 3 refills is not medically necessary.