

Case Number:	CM14-0080481		
Date Assigned:	07/18/2014	Date of Injury:	07/13/2009
Decision Date:	10/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Practice 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:

This is a 70-year-old male claimant who sustained a work injury on 7/13/09 involving the knees. He was diagnosed with degenerative joint disease and ultimately underwent a left knee replacement and right total knee arthroplasty. He had been on Norco and morphine since at least November 2013. A progress note on April an, 2014 indicated the claimant had continued left knee pain. Exam findings were notable for limited extension of the left knee as well as reduced sensation. He was continued on physical therapy, A Tens unit and Norco 5 g three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use for osteoarthritis. Long Term-use has not been supported by any trials. In

this case, the claimant had been on Norco for months without significant improvement in pain or function. The continued use of Norco is not medically necessary.