

Case Number:	CM14-0080501		
Date Assigned:	07/18/2014	Date of Injury:	06/22/2007
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/30/2014

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 Texas. 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 51 year old male who reported an injury to his left knee on 06/22/2007. The utilization review dated 07/25/14 resulted in a partial certification for the continued use of Norco for weaning purposes. The clinical note dated 09/27/12 indicates the injured worker having undergone a left knee arthroplasty. The injured worker stated he had been doing well but did reveal an increased clicking at the knee. The injured worker reported minimal pain. The x-rays of the left knee dated 03/07/14 revealed post-surgical changes with advanced degenerative changes at the medial and patella femoral joint compartments. The clinical note dated 05/06/14 indicates the injured worker continuing with left knee pain. The injured worker was able to demonstrate 0 to 120 degrees of range of motion. Upon exam, the knee was identified as being stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 tabs every 4-6 hours as needed. QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, On-Going Management, When to discontinue Opioids, When to Continue Opioids Page(s): 80-81.

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

Decision rationale: The patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.