

Case Number:	CM14-0081094		
Date Assigned:	07/28/2014	Date of Injury:	01/29/2009
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/03/2014

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 Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on January 29, 2009. The mechanism of injury is noted as a fall. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity as well as left knee pain. Current medications were stated to include Norco and glucosamine/chondroitin. Pain stated to be 8/10 without medications, and 4/10 with medications. Medications were stated to provide improved function and ability to perform activities of daily living and mood. The physical examination demonstrated decreased motion of the lumbar spine with tenderness of the paravertebral muscles on the left side. There was a positive facet loading test bilaterally. Examination of the left knee indicated tenderness over the lateral and medial joint line. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Norco and Glucosamine/chondroitin and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress note dated March 11, 2014, indicates that the patient has objective decrease in pain, and increased ability to function and perform activities of daily living with the usage of Norco. Considering this, this request for Norco is medically necessary.

Glucosamine and Chondroitin 375/300/175/2 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Glucosamine/Chondroitin, Updated August 25, 2014.

Decision rationale: The Official Disability Guidelines recommends glucosamine/chondroitin as an option for patients with knee pain. Several studies have demonstrated a highly significant efficacy of glucosamine on all outcomes including joint space narrowing, mobility, safety, and response to treatment. The progress note dated March 11, 2014, does indicate that the injured employee has decreased pain and increased ability to function and perform activities of daily living with the usage of this medication. Therefore this request for glucosamine and chondroitin 375/300/175/2 MG is not medically necessary.