

Case Number:	CM14-0083237		
Date Assigned:	07/21/2014	Date of Injury:	06/25/2002
Decision Date:	09/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational Medicine 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:

The injured worker is a 48-year-old male who was injured on June 25, 2002 while working as a heavy equipment mechanic. While carrying a radiator, he heard a snap in his knee joint. His diagnoses are currently listed as lumbago, and pain in a joint involving lower leg. The most recent progress note dated 4/29/14, reveals complaints of continued aching and constant pain in both his knees. The injured worker rates his pain as 7 out of 10 on visual analog scale (VAS) with medications. Physical examination revealed tender knee joint lines with positive McMurray testing and normal range of motion. Prior treatment included Norco, Testosterone cypionate, and injections. The claimant has utilized Norco for years at up to eight pills per day. It was documented that he is able to work full time while on medication. A prior utilization review determination dated 5/23/14 resulted in partial certification of a request for Norco 10/325 milligrams, quantity 240 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: This injured worker is using 80 mg of hydrocodone a day, above the maximum dose below. At such dose levels, he should be monitored in person on a monthly basis with urine toxicology screens and a history and examination to ensure his safety. Note also that the Food and Drug Administration (FDA) has reduced the ceiling for acetaminophen use to 3000 mg a day. This prescription exceeds that. Finally, refills of hydrocodone are no longer allowed by the FDA. Hydrocodone has been reclassified as a Schedule II medication, which requires a triplicate prescription and does not allow refills.