

Case Number:	CM14-0095693		
Date Assigned:	07/25/2014	Date of Injury:	09/25/2007
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 patient is a 42 year-old male with date of injury 09/25/2007. The most recent medical document associated with the request for authorization. A primary treating physician's progress report dated 01/06/2014, lists subjective complaints as pain in the knee bilaterally, left greater than right. Objective findings were that the examination of the bilateral knees revealed no limitation in flexion, extension, internal rotation or external rotation. Tenderness to palpation was noted over the lateral joint and medial joint line. Motor testing was limited due to pain. Strength was 5/5 for both knees. Diagnosis is knee pain, bilateral. Patient has been taking his medications as prescribed, but stated they were less effective and is feeling as if he has become tolerant. The medical records provide for review document that the patient has been taking the following medication for at least as far back as 6 months. Medications: Norco 10/325mg, #120 SIG: take 1 four times a day as needed

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120, Refills x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, Norco 10/325mg #120, refills x 1 is not medically necessary.