

Case Number:	CM14-0099848		
Date Assigned:	07/28/2014	Date of Injury:	04/01/2010
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 04/01/2010. The mechanism of injury was not stated. Current diagnoses include bilateral knee chondromalacia patella, mild degenerative joint disease of the bilateral knees and left long finger trigger finger. The only clinical documentation submitted for this review is a Primary Treating Physician's Follow-up Consultation on 04/03/2014. The injured worker presented with ongoing pain in the bilateral knees and triggering of the left long finger. Previous conservative treatment includes multiple injections, splinting, anti-inflammatory medication and rest. Physical examination revealed 0 to 130 degrees of right knee range of motion, painful patellofemoral crepitus, slightly diminished quadriceps strength, 0 to 130 degrees of left knee range of motion, painful patellofemoral crepitus of the left knee, tenderness to palpation of the right knee, tenderness over the volar aspect of the left long finger flexor tendon, mild swelling, triggering of the left long finger and diminished grip strength. Treatment recommendations at that time included a prescription for Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets Norco 10/325 mg: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics. There is also no documentation of a written pain consent or agreement for chronic use of an opioid. There is no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary.