

Case Number:	CM14-0144051		
Date Assigned:	09/12/2014	Date of Injury:	07/07/2011
Decision Date:	04/24/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 57 year old male, who sustained an industrial injury on 07/07/2011. He has reported subsequent knee, neck and back pain and was diagnosed with medial meniscal tear of the left knee, left cervical radiculopathy, lumbar facet arthropathy and disc degeneration and C5-T1 stenosis. Treatment to date has included oral pain medication, physical therapy and surgery. No medical documentation was submitted that was dated prior to the utilization review decision date. In a progress note dated 09/24/2014, the injured worker complained of neck, low back and knee pain that was rated as 7-9. The injured worker was noted to be taking Norco. No documentation was submitted that pertains to the current treatment request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 81, 86, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines state that patients on chronic opioids should undergo monitoring for efficacy, side effects, increased functionality, and signs of aberrant drug use. In this case, the patient is prescribed multiple narcotic medications which as improved her pain, but documentation is lacking regarding functionality, monitoring for aberrant drug use, and presence of side effects. The dosing of narcotics should be weaned in this case. Thus, the request for Norco 10/325 mg #180 is not medically appropriate and necessary.