

Case Number:	CM14-0186322		
Date Assigned:	11/14/2014	Date of Injury:	02/19/2013
Decision Date:	01/02/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58-year-old male with a 2/19/2013 date of injury. A progress report dated 10/27/14 noted subjective complaints of left knee pain. Objective findings included antalgic gait. Diagnostic Impression: left knee osteoarthritis and s/p left knee arthroplasty. Treatment to Date: medication management and left knee arthroplasty. A UR decision dated 11/5/14 denied the request for Norco 10/325 #90. Although the patient does express improvements in pain with the use of Norco, his objective findings remain unchanged for months. The current documentation does not demonstrate the necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2013 date of injury, the duration of opiate use to date is not clear. In addition, there is discussion regarding endpoints of treatment. The records do not clearly reflect continued functional benefit, a lack of adverse side effects, or aberrant behavior. There is no documentation of a pain contract or evidence of random urine screening. Although opiates may be appropriate, additional information would be necessary, as the CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg, ninety count was not medically necessary.