

Case Number:	CM14-0194408		
Date Assigned:	12/02/2014	Date of Injury:	12/14/2001
Decision Date:	01/14/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency 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:

Patient with reported date of injury on 12/14/2001. No mechanism of injury was documented. Patient has a diagnosis of bilateral knee degenerative joint disease. Patient has a history of arthroscopic knee surgeries in the past. Medical reports reviewed. Last report available until 10/31/14. The reports are very brief and lack significant components of both history and physical exam. Patient complains of pain to knee. Medications are "helpful". Pain at 5-6/10 with medications. Pain would be "unbearable" and 10/10 without medications. Objective exam revealed range of motion with full extension, bilateral knees with extreme motion. There is no current Urine drug screen (only one from 7/13 was provided and it was negative for all prescribed medications) or CURES report documented. Patient is reportedly on Ambien, Norco and Percocet. Independent Medical Review is for Norco 10/325mg #240. Prior UR on 11/7/14 recommended modification for tapering. It approved prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Of Opioids, and Hydrocodone/Acetaminophe.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document appropriate assessment of objective improvement in pain and activity of daily living as required by MTUS guidelines. Medication is "helpful" is neither appropriate nor objective. The number of tablets of Norco being prescribed in combination with Percocet is excessive and medically inappropriate leading to a risk of acetaminophen poisoning. Norco is not medically necessary.