

Case Number:	CM14-0086523		
Date Assigned:	07/23/2014	Date of Injury:	12/03/2012
Decision Date:	04/21/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41-year-old male, with a reported date of injury of 12/03/2012. The diagnoses include right knee pain and internal derangement of the right knee. Treatments to date have included an MRI of the right knee and oral medications. The progress report dated 05/13/2014 is somewhat a bad copy. The report indicates that the injured worker rated his pain 8 out of 10. The medications were able to bring his pain range down to 4-5 out of 10. With his medications, he is able to walk up to 45 minutes. The injured worker denied any adverse reactions; there were no abnormal behaviors; and his last urine drug screen was consistent. A signed opioid agreement was in the chart. The objective findings were documented as no significant changes. The treating physician requested Ibuprofen and Norco for refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ibuprofen 800mg, qty 60, date of service not listed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for unknown length of time. There was no indication for a need to combine it with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen without specified date of service is not medically necessary.

Retrospective request for Norco 5/325mg, qty 60, date of service not listed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time in combination with Ibuprofen. There was no indication of failure of a lower dose, weaning attempt or Tylenol failure. The continued use of Norco 5/325 with specified date of service is not medically necessary.

Retrospective request for Norco 10/325mg, qty 30, date of service not listed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time in combination with Ibuprofen. There was no indication of failure of a lower dose, weaning attempt or Tylenol failure. The continued use of Norco 10/325 with specified date of service is not medically necessary.