

Case Number:	CM15-0023018		
Date Assigned:	02/12/2015	Date of Injury:	11/12/2009
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 75-year-old female who reported an injury on 11/12/2009 due to an unspecified mechanism of injury. On 01/12/2015, she presented for an evaluation regarding her bilateral knees and left shoulder. She noted that her shoulder was okay but continued to bother her on occasion. It was stated that her main problem involved her bilateral knees. She had pain and discomfort with any standing and walking and it was stated that when she would rise from a seated position it would bother her. Examination showed that she could not squat or kneel on either knee and she had 3+ crepitus, grinding, and pain about the patellofemoral joint and difficulty with any flexion or loading of the left joint itself. It was also stated that she had significant arthritis involving both knees and in the long term would need replacements. Information regarding her diagnosis and medications was not stated. The treatment plan was for Norco 5/325 mg #120. The rationale for the request was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, recent urine drug screens were not provided for review to validate that she has been compliant with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.