

Case Number:	CM15-0042285		
Date Assigned:	03/12/2015	Date of Injury:	07/20/2002
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: Arizona, California, Florida
 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 47-year-old male who reported an injury on 07/20/2002. The mechanism of injury was not specifically stated. The current diagnosis is knee pain. The injured worker presented on 02/06/2015 for a follow-up evaluation, with complaints of persistent knee pain rated 3/10. The injured worker also reported poor sleep quality. The current medication regimen includes Nexium 40 mg, Norco 10/325 mg, and Avinza 30 to 120 mg. It was noted that the injured worker was status post right knee surgery on 05/27/2009. A recent urine toxicology report was documented on 07/08/2011, and indicated positive results for opiates. It was noted on 08/30/2013, the injured worker's CURES report was appropriate. Upon examination of the right knee, there was moderate swelling, restricted range of motion with flexion limited to 35 degrees, extension limited to -40 degrees, tenderness over the lateral and medial joint line, patellar tenderness, and moderate effusion. There was 4/5 motor weakness on the right. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication since 08/2012. There is no documentation of objective functional improvement. There were no recent urine toxicology reports provided, documenting evidence of patient compliance and non-aberrant behavior. There was also no frequency listed in the request. As such, the request is not medically appropriate.