

Case Number:	CM15-0050788		
Date Assigned:	03/24/2015	Date of Injury:	01/22/2011
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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: Ohio, North Carolina, Virginia
 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 26 year old male who sustained a work related injury on January 22, 2011, incurring back and knee injuries. He was diagnosed with cervical disc displacement, thoracic sprain and strain and lumbar disc syndrome. Treatments included a knee arthroscopy, Left knee ACL reconstruction physical therapy, anti-inflammatory drugs, muscle relaxants and pain medications. Currently, the injured worker complained of ongoing low back pain with muscle spasms, continued knee pain and stiffness and difficulty sleeping. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is improved pain and functionality and/or the injured worker has regained employment. In this instance, pain relief from a 9/10 down to a 4/10 is documented with Norco. Examples of improved functionality are provided as well. Urine drug screening is being performed to monitor for aberrant drug taking behavior. The injured worker reports 30 minutes to analgesia with Norco, lasting 3 hours. No side effects are noted from Norco. A pain contract is in place. Therefore, Norco 10/325 mg #60 was medically necessary.