

Case Number:	CM15-0050862		
Date Assigned:	04/16/2015	Date of Injury:	01/15/2005
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68-year-old female, who sustained an industrial injury on 1/15/2005. She reported right knee injury. The injured worker was diagnosed as having internal derangement of the right knee, and chronic pain syndrome. Treatment to date has included medications, magnetic resonance imaging, and surgery. The request is for Norco 10/325mg #90. The records indicate she has been utilizing Norco since at least 6/2014, when she reported the medication to reduce her pain. On 2/3/2015, she complains of persistent right knee pain. She utilizes a cane for walking. She indicates she utilizes Tramadol at bedtime and Norco for her pain. She reports a 50% pain reduction with her current medications. The treatment plan included: prescriptions for Norco, Effexor, Trazodone, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-85, 88-89.

Decision rationale: This 68 year old female has complained of right knee pain since date of injury 1/15/05. She has been treated with surgery, physical therapy and medications to include opioids since at least 06/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.