

Case Number:	CM15-0086474		
Date Assigned:	05/08/2015	Date of Injury:	09/28/2006
Decision Date:	06/12/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old male, who sustained an industrial injury on 09/28/2006. He reported injuring his left knee while walking down a stairway. The injured worker is currently permanent and stationary and working with modifications. The injured worker is currently diagnosed as having right knee meniscus tear, left meniscal degeneration, and left osteoarthritis. Treatment and diagnostics to date has included left knee MRI, left knee surgeries, right knee MRI, knee brace, physical therapy, home exercise program, Orthovisc injections, and medications. In a progress note dated 03/13/2015, the injured worker presented with complaints of bilateral knee pain. Objective findings include crepitus and pain with motion to the knees bilaterally. The treating physician reported requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 1 prescription of Norco 10/325mg #60 is not medically necessary.