

Case Number:	CM14-0115893		
Date Assigned:	08/04/2014	Date of Injury:	08/06/2013
Decision Date:	10/06/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old female who was reportedly injured on August 6, 2013. The mechanism of injury is noted as tripping on a curb. The most recent progress note dated June 9, 2014, indicates that there are ongoing complaints of increased pain and swelling of the left knee as well as left hip pain. The physical examination demonstrated tenderness over the medial joint line of the left knee with a positive McMurray's test. There was tenderness over the left hip greater trochanteric. Diagnostic imaging studies of the left knee revealed a radial tear of the lateral meniscus. X-rays of the left knee were normal. Previous treatment includes physical therapy, aquatic therapy, a left knee cortisone injection, the use of an inferential unit, heat, Lidoderm patches, a home exercise program, oral medications and modified work duty. A request was made for Norco 10/325 and was not certified in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 every 6 -8 hours for breakthrough pain QTY: #90 [REDACTED] 7/14/14/): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 - 48 regarding Initial Approaches to Treatment Opioids, Chronic Pain Treatment Guidelines CA MTUS Criteria for use of opioids; On-going Management Actions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. While this medication has been prescribed only for breakthrough pain, there is no documentation regarding objective pain relief or ability to increase the injured worker's function. As such, this request for Norco 10/325mg is not medically necessary.