

Case Number:	CM14-0136862		
Date Assigned:	09/03/2014	Date of Injury:	07/31/2002
Decision Date:	10/09/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 49 year old male who was injured on 07/31/02, sustaining chronic bilateral knee pain. The submitted clinical records do not document the mechanism of injury. Clinical diagnoses include right knee sprain/strain; right knee anterior cruciate tear; medial meniscus tears, right knee; lateral meniscus tears, right knee; left knee sprain; and left knee contusion. Clinical note dated 05/22/14 indicated the injured worker came describing an acute flare up of his knee pain. The injured worker reported an increase in activities of daily living and sleep with medication use. Physical examination revealed tenderness in both the medial and lateral compartments of the right knee. Range of motion of the right knee is near full with pain at the end range of flexion. The injured worker was unable to perform a complete squat due to increased knee pain during the maneuver. Plan of management include omeprazole 20mg, Naproxen Sodium 550mg, Norco 10/325mg and Ambien 10mg. The previous request for Norco 7.5/325mg tab # 90 was non-certified on 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement as well as document ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality include individual activities of daily living, community activities and exercise able to perform as a result of medication use. There are no documented VAS pain scores for this patient with or without medications. In addition, there is no opioid risk assessments regarding possible dependence or diversion. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics, the medical necessity of Norco 7.5/325mg tab #90 with 1 refill cannot be established at this time.