

Case Number:	CM14-0145247		
Date Assigned:	09/12/2014	Date of Injury:	11/04/1996
Decision Date:	10/16/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 11/04/1996. The mechanism of injury was not provided. Diagnoses included osteoarthritis of the right knee. Past treatments included a knee brace and medication. Diagnostic testing included an MRI of the right knee dated 09/08/2011, which revealed irregular destabilizing tear of the lateral meniscus with through and through tearing at the posterior horn, high grade cartilage loss posterior aspect of the lateral compartment, relatively well maintained medial compartment status post high grade partial meniscectomy, chronic stress changes in the extensor mechanism, and large joint effusion, unofficial. Surgical history included two arthroscopic right knee surgeries for internal derangement, dates not provided. The clinical note dated 08/21/2014 indicated the injured worker complained of right knee pain, rated 3/10 with medication and 6/10 without medication. Physical exam of the right knee revealed flexion limited to 85 degrees, tenderness to palpation, positive patellar grind test, and positive McMurray's test. Current medications included Rozerem 8 mg, Pennsaid 1.6% solution, Soma 350 mg, and Norco 10/325 mg. The treatment plan included Norco 10/325 mg #120. The rationale for treatment was pain control. The request for authorization form was completed on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 between 9/5/14 and 10/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The request for Norco 10/325mg #120 between 9/5/14 and 10/17/14 is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker complained of right knee pain rated 3/10 with medication and 6/10 without medication. He reported that Norco alleviated his pain to allow him increased activity. The injured worker had been taking the requested medication since at least 09/26/2013. There is a lack of clinical documentation to indicate any potentially aberrant or non-adherent drug related behaviors through the use of urine drug screens. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.