

Case Number:	CM14-0162472		
Date Assigned:	10/07/2014	Date of Injury:	08/22/2004
Decision Date:	11/07/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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 Management and is licensed to practice in Georgia. 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 claimant is a 53 year old female presenting with chronic pain following a work related injury on 08/22/04. The claimant complained low back pain, right ankle and left knee pain. The claimant has tried bilateral L4-S1 facet joint nerve blocks on 07/31/2014. The claimant is status post arthroscopic repair of the knee. The physical exam showed evidences of loss of range of motion of the ankle with pain, medial joint line pain with weakness to resisted extension and flexion of the knee. MRI of the knee showed small medial meniscus, consistent with history of tears and surgical repair. Small residual anterior horn, small residual posterior horn, with degenerative signal and fraying, medial compartment osteoarthritis, mild lateral positioning of patella, knee joint effusion and MCL scar. The claimant was diagnosed with chronic lumbosacral strain, discogenic disease, and bilateral knee and right ankle internal derangement. According to the medical records, the claimant is permanent and stationary. A claim was made for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Norco 10/325mg #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.