

Case Number:	CM14-0181185		
Date Assigned:	11/06/2014	Date of Injury:	01/08/2002
Decision Date:	12/11/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 Geriatrics, and is licensed to practice in New York. 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 60 year old woman with a date of injury of 1/8/02. She was seen by her provider on 10/24/14 to follow up her bilateral knee osteoarthritis. She felt her knees were stable but she had some locking and catching with sitting to standing. She requested refills of her Tylenol and Norco. She complained of back pain and bilateral foot cramps. Her exam showed no erythema or warmth in her knees. Her right knee had a mild effusion and her left knee was tender over the patella and joint line bilaterally and crepitus with flexion/extension. She had stable ligaments. Her diagnoses were primary osteoarthritis of both knees. At issue in this review is the request for Norco. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Norco 5-325 mg between 10/22/2014 and 12/6/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The injured worker is a 60 year old woman with a date of injury of 1/8/02 and chronic knee pain. In Opioid use, ongoing review and documentation of pain relief,

functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of Norco is not substantiated in the note. Therefore, request for Norco is not medically necessary or appropriate.