

Case Number:	CM14-0218497		
Date Assigned:	01/08/2015	Date of Injury:	11/16/2005
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who reported injury on 11/16/2005. The surgical history included knee in 2009, head and neck surgery and a hip replacement. The mechanism of injury was the injured worker was carrying boxes and twisted his right knee and fell hitting his head on a wall. The injured worker was noted to utilize the medications ibuprofen, Norco 10/325 mg up to 6 per day, omeprazole, Wellbutrin, Terocin and lisinopril. The documentation of 11/21/2014 revealed the injured worker had chronic knee pain. The injured worker was noted to have been doing very well on his medications and that they had been used to increase functional capacity, decrease pain and suffering and allow him to participate in routine activities of daily living. The injured worker indicated 90% improvement in global functional capacity and decreased pain and suffering with a greater ability to care for himself and his grandchildren. The injured worker was noted to have no side effects, complications, aberrant behavior and urine drug screens were within normal limits and the injured worker had signed a narcotic agreement. The documentation indicated the injured worker was on the lowest effective dose and the MED was low. The diagnoses included left hip and groin pain. The treatment plan included a refill of the medication Norco. Additionally, the injured worker to continue in a home exercise program. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10/325mg (MED 80) #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 115; 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78;80-81;124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60;78;86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco tab 10/325 mg (MED 80) #180 is not medically necessary.