

Case Number:	CM15-0107076		
Date Assigned:	06/11/2015	Date of Injury:	04/10/1995
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old man sustained an industrial injury on 4/10/1995. The mechanism of injury is not detailed. Diagnoses include chronic bilateral knee pain, bilateral knee post-traumatic osteoarthritis, and previous knee surgeries. Treatment has included oral medications and Supartz injections. Physician notes dated 5/18/2015 show complaints of continued bilateral knee pain rated 7/10 with intermittent swelling. Recommendations include review urine drug screen and CURES report, increase Norco, Celebrex, Lidoderm patches, Elavil, Ambien, and consider bracing options, orthopedic surgeon consultation, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco in combination with NSAIDs, topical analgesics and tricyclics. The Norco was titrated higher rather than other medications. Repsonse to other medications independent of Norco was not noted. A controlled substance agreement was not noted. The continued use of Norco is not medically necessary.