

Case Number:	CM15-0112774		
Date Assigned:	06/19/2015	Date of Injury:	01/19/2010
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/11/2015

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:

The injured worker is a 47-year-old male, who sustained an industrial injury on 01/19/2010. He has reported subsequent knee pain and was diagnosed with knee/joint pain of the leg. Treatment to date has included medication and a home exercise program. In a progress note dated 05/05/2015, the injured worker complained of right knee pain that was rated as 4/10 with medication. There was neither rating of the pain without medication nor any discussion of the effectiveness of prescribed medications. Objective examination findings were notable for anxiety, obvious scar formation of the right knee, painful gait, minimal swelling of the right knee and scars consistent with arthroscopic surgery, tenderness over the lateral and medial joint line, decreased flexion and pain with flexion and flexion weakness. The injured worker had been taking Norco since at least 12/30/2014. A request for authorization of Norco 10/325 mg quantity 21, 1 tablet by mouth every 8 hours, 3 daily for 7 days for symptoms related to the knee as an outpatient was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 21, 1 tab by mouth every 8 hrs, 3 daily for 7 days, for symptoms related to knee, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78, 88, and 91.

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 for 6 months. Recent pain level was 4/10 with the combined use of Motrin. Weaning attempt of Tylenol failure was not noted. Long-term use of Norco is not recommended. Pain level without medications or Norco is not known. The continued use of Norco is not medically necessary.