

Case Number:	CM15-0118511		
Date Assigned:	06/26/2015	Date of Injury:	02/09/2011
Decision Date:	08/26/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 49-year-old male injured worker suffered an industrial injury on 2/09/2011. The diagnoses included rule out internal derangement of the left knee, probable meniscal tears. The injured worker had been treated with on 3/17/2015 the provider stated the injured worker had been out of medications of Flexeril, Ibuprofen and Voltaren Gel for the last 40 days as they have not been approved. On 5/12/2015, the treating provider reported the injured worker still had not been able to get his usual medication, as they still have not been approved. He continued to have left knee pain, burning, swelling, and pain with weight bearing and using stairs. He continued to perform exercises as directed. He had developed a gait disturbance and now has right sided hip and buttock pain. He stated he had fallen a number of times due to instability and had pain with weakness in the knee. On exam, there was tenderness of the right sacroiliac joint and hip. There was mild swelling of the left knee with muscle wasting of the left thigh. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for initiation of opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Opioids recommended use if there is failed trial of first line medications and a comprehensive pain assessment and evaluation. Initiating opioid therapy needs to be having an establishment of a treatment plan. Pain related assessment should include history of pain treatment and effect of pain and function. The documentation provided did not include a comprehensive pain assessment and evaluation or a treatment plan in place. Therefore, Norco was not medically necessary.