MAXIMUS Federal Services

Case Number:	CM15-0123553		
Date Assigned:	07/08/2015	Date of Injury:	05/30/2014
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/26/2015

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 is a 54 year old male with a May 30, 2014 date of injury. A progress note dated June 4, 2015 documents subjective complaints (left hip pain and pops sometimes; pain rated at a level of 4-8/10; right knee pain rated at a level of 8/10; popping in the right knee; left knee pain rated at a level of 8/10; popping in the left knee), objective findings (decreased strength with right hip flexion and right knee flexion; tenderness to palpation along medial and inferior aspects of the right knee; tenderness to palpation along the left-sided greater trochanter of the femur), and current diagnoses (right knee medial meniscus tear; right knee pain; left greater trochanteric bursitis). Treatments to date have included physical therapy which provided no relief, right knee steroid injection that decreased the pain for three months, imaging studies, right knee arthroscopy, and medications. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 several months with diminishing effect on pain and or/function since the physician had to increase the most recent dose to get better pain control. Long-term use is not indicated. Failure of Tylenol or NSAID use is not mentioned. Continued use of Norco is not medically necessary.