

Case Number:	CM15-0125059		
Date Assigned:	07/09/2015	Date of Injury:	08/28/2013
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, North Carolina
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 52 year old male, who sustained an industrial injury on August 28, 2013. The injured worker was diagnosed as having bilateral knee osteoarthritis and degenerative joint disease (DJD). Treatment to date has included medication. A progress note dated May 15, 2015 provides the injured worker complains of bilateral knee pain. She reports difficulty kneeling, squatting and using stairs. She is working regular duty. Physical exam notes tenderness on palpation of the knees bilaterally. A follow-up visit dated June 11, 2015 notes no interval changes with the plan including Norco as long as current level of functioning and performing activities of daily living (ADL) is maintained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, on-going management Page(s): 78.

Decision rationale: CA MTUS sets out criteria for on-going use of opioids. Four domains (the 4 A's) have been recommended as most relevant for on-going monitoring of chronic pain patients on opioids. These include analgesia, activities of daily living (ADL), adverse reactions and aberrant behavior. In this case the documentation submitted states that Norco keeps the patient's symptoms stable and allows participation in ADLs, however there is no documentation regarding specific pain relief, side effects or potential aberrant behavior. Thus the criteria of the 4 A's have not been met and without further documentation the request is deemed not medically necessary.