

Case Number:	CM15-0029479		
Date Assigned:	02/23/2015	Date of Injury:	08/21/2002
Decision Date:	07/23/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/18/2015

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 48 year-old male who sustained an industrial injury on 08/21/02. Initial diagnoses were that of a left ACL and lateral meniscus tear which was surgically repaired. He re-injured his left knee 08/2003 with subsequent surgical repair. Treatments include physical therapy, topical analgesics, Supartz knee injections, and oral pain medications. In a progress noted dated 12/16/14 the treating provider reports the injured worker continues to have left knee pain that increases during the course of his workday with swelling. The pain is constant and ranges from a 3 - 8 on a 10 pain scale. He is status post bunionectomy x 2 months. Left knee exam was positive for tenderness and there is mild crepitation; Lachman's, anterior and posterior drawer signs demonstrated increased anterior excursion versus the right. MRI performed 02/2013 revealed a normal lateral meniscus with no current tear identified and intact ACL repair graft; there is mild bursitis noted at the anterior tibial tubercle and distal patellar ligament. Current diagnoses include left knee pain and osteoarthritis, derangement of posterior horn of medial meniscus, and left ACL repair. Requested treatment is Norco 10/325 mg #180. Date of Utilization Review: 01/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Norco: Hydrocodone/Acetaminophen.

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 over a year and currently required the combined use of Ibuprofen for pain control. This indicates increase tolerance and decreased effectiveness of Norco. Long-term of Norco is not recommended and not medically necessary.