

Case Number:	CM15-0036773		
Date Assigned:	03/05/2015	Date of Injury:	11/16/2011
Decision Date:	05/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported injury on 11/16/2011. The documentation of 12/01/2014 revealed the injured worker was under care for cumulative trauma. The injured worker's diagnoses included cervical sprain/strain, left elbow medial epicondylitis, lumbar sprain/strain with bilateral lower extremity radiculitis and 2 to 3 mm disc protrusion at L5-S1 per MRI, bilateral hip greater trochanter bursitis and bilateral knee sprain and patellofemoral arthralgia with right knee posterior horn medial meniscus tear, effusion and moderate chondromalacia. The documentation indicated the injured worker had utilized Norco since at least 05/16/2014. The injured worker indicated the Norco was helpful to reduce pain levels from an 8/10 to a 2/10 for 10 hours and resulted in an improvement in the sleep pattern and enabled the injured worker to perform activities of daily living and a home exercise program. In the most recent note dated 10/30/2014, the injured worker had a pain level of 8/10 to 9/10 in his right knee. The injured worker noted Norco reduced the pain from 8/10 to 4/10 to 6 to 8 hours with the same functional benefits. Additionally, it was indicated that examination of the right knee revealed tenderness over the medial significantly greater than lateral joint line with diffuse swelling, positive McMurray's and decreased flexion and extension range of motion. The documentation further indicated that the prescription refill for Norco was non-certified due to a lack of documented objective functional improvement. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit and an objective decrease in pain. The injured worker was noted to have undergone urine drug screens. There was a lack of documentation of side effects. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Norco 7.5/325 mg is not medically necessary.