

Case Number:	CM14-0107160		
Date Assigned:	09/16/2014	Date of Injury:	01/03/2007
Decision Date:	11/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old male injured on 01/30/07 due to continuous repetitive work while performing normal job duties as a painter and sand blaster resulting in diagnoses of mild carpal tunnel syndrome, bilateral knee and bilateral ankle pain, lateral meniscal tear of the left knee, and low back pain. A clinical note dated 08/2014 indicated the injured worker complained of pain to all joints, bilateral knee pain, shoulder pain, elbow pain, wrist pain, hip pain, and low back pain. The injured worker reported medication helping to reduce pain from 8/10 to 5/10 lasting approximately 2-3 hours. The injured worker reported ability to walk with medications and on good days the ability to perform light household chores. Documentation indicated the injured worker was awaiting authorization for left knee surgery. Objective findings listed to include no significant changes from prior examinations. Treatment plan included continued current medications to include Norco 10/325mg BID, Relafen 750mg, and Ambien 10mg QHS. The initial request was non-certified on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. # 240 (dispensed): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages: 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Norco 10/325 mg. # 240 (dispensed) is recommended as medically necessary at this time.