

Case Number:	CM14-0116951		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2012
Decision Date:	10/07/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 records, presented for review, indicate that this 29-year-old individual was reportedly injured on 8/20/2012. The mechanism of injury was noted as a twisting injury. The most recent progress note, dated 4/9/2014 indicated that there were ongoing complaints of bilateral knees pains. The physical examination demonstrated the patient had an antalgic gait. The left knee had a positive hamstring tightness, positive tenderness to palpation in the medial/lateral joint line and positive swelling. Grind maneuver was positive on the medial side. McMurray's sign was positive on the medial side. Range of motion was 0-120. Muscle strength was 5/5 and reflexes were 2+. No recent diagnostic studies are available for review. Previous treatment included left knee arthroscopy, steroid injection, knee brace, medications, and conservative treatment. A request had been made for hydrocodone/APAP 10/325 mg #60 and was determined not medically necessary in the pre-authorization process on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.