

Case Number:	CM13-0047937		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2007
Decision Date:	03/20/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee pain, morbid obesity, diabetes, and hypertension reportedly associated with an industrial injury of June 20, 2007. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; various forms of opioid therapy; and prior knee arthroscopy. In an utilization review report of October 14, 2013, the claims administrator denied a request for Norco Soft and Dilaudid. The applicant's attorney later appealed, on November 1, 2013. The denial is apparently predicated on the fact that there is no evidence of improvement with prior opioid usage. An earlier note of September 25, 2013 is notable for comments that the applicant reports persistent bilateral knee pain which he attributes to cumulative trauma at work. Bilateral knee arthroscopies are sought. The applicant is using a knee brace and reports that his knees are giving way from time-to-time. The applicant is apparently on Dilaudid 4 mg thrice daily and Norco Soft thrice daily. Work restrictions are again endorsed, although it does not appear that the applicant has returned to work. It is stated that there has been no functional change since the last evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norcsoft #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: It is not clearly stated what this agent represents. Based on the information on file, this appears to represent a form of an opioid, Norco, coupled with a laxative. In this case, however, it does not appear that the applicant meets criteria set forth in the MTUS Chronic Pain Medical Treatment Guidelines for continuation of Norco usage. Specifically, the applicant does not appear to have returned to work. There is no evidence of improved function and/or reduced pain effected as a result of ongoing Norco usage. The applicant has not returned to work. There is no evidence of improved performance of non-work activities of daily living effected as a result of ongoing Norco usage. Therefore, the request remains non-certified, on independent medical review.

Dilaudid 4 mg: 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): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for the continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduce pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that any of the aforementioned criteria have been met. The applicant does not appear to have returned to work. There is evidence of improved performance of nonwork activities of daily living or reduction in pain scores affected as a result of ongoing Dilaudid usage. Therefore, the request remains non-certified, on independent medical review.