

Case Number:	CM13-0054453		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2004
Decision Date:	03/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 represented [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 30, 2004. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; x-rays of the knee of January 7, 2013, notable for early knee arthritis with chondromalacia patella; prior knee arthroscopy in late 2012; and a knee support/knee brace. In a Utilization Review Report of November 14, 2013, the claims administrator denied a request for Norco, citing a lack of supporting medical documentation. The applicant's attorney subsequently appealed. A later note of January 7, 2014 is notable for comments that the applicant reportedly fell and reinjured her right knee when it gave out approximately five days prior. She reports 2/10 pain. Her pain is generalized and diffuse. She has moderate swelling and an effusion with a positive McMurray's sign present. X-rays are notable for osteopenia with no evidence of acute fracture. The applicant is given an Ace wrap and discharged in reportedly a stable condition. Earlier notes of January 3, 2014 and January 7, 2013 are reviewed. There is no specific mention of the applicant using Norco or hydrocodone-acetaminophen. The applicant is described as using Neurontin on January 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10-325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated, consideration of comorbid conditions, side effects, cost, and efficacy of medications in question. In this case, however, the attending provider did not describe how or why hydrocodone-acetaminophen was being selected for pain relief on any progress note provided, either before or after the date of the Utilization Review Report. There is no specific mention made of Norco on any progress note provided in the packet of records submitted. It is not clear how or why Norco was used, whether the request was a first-time request versus a renewal request, what the applicant's response to previous usage of Norco was, etc. The applicant's work and functional status and response to previous usage of Norco (if any) was not discussed. For all of the stated reasons, then, the request is not certified owing to lack of supporting documentation.