MAXIMUS Federal Services

Case Number:	CM13-0056162		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2002
Decision Date:	05/07/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 applicant is a represented [redacted], Incorporated employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of July 20, 2002. 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; a tibial osteotomy surgery; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. A December 10, 2013 progress note is notable for comments that the applicant presents to obtain an appeal on the earlier medication denial. The applicant is having a poor quality of sleep. His pain levels are unchanged. His states his activity level is unchanged. He is using anywhere from three to seven Norco a day and states that that is working well. He is on Avinza for around the clock pain relief. The applicant continues to smoke. The applicant is apparently having issues with diabetes, it is noted. He is overweight with BMI of 28. The applicant is asked to decrease Norco from seven tablets a day to six tablets a day. The applicant states that usage of Norco is reducing his pain levels from 8/10 to 2/10. He is able to go shopping with his wife and attend the gym twice a week with his current medication regimen. The applicant states that he is using the treadmill at the gym. He is states that he is able to do cooking, cleaning, and household chores, again attributed to the medication consumption. Laboratory testing of March 2013 was notable for normal renal and hepatic functions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, while the applicant has failed to return to work, he does report appropriate analgesia effective with ongoing opioid therapy. His pain scores apparently dropped from 8/10 to 2/10 with medication consumption. He is reportedly able to stay active, exercise in a gym, perform household chores such as cooking, cleaning, etc., again reportedly a result of ongoing Norco usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request for Norco is certified, on Independent Medical Review.