

Case Number:	CM13-0063826		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2006
Decision Date:	05/23/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 30, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; two prior knee surgeries; transfer of care to and from various providers in various specialties; and multiple short-acting opioids. In a supplemental report dated August 1, 2013, the attending provider stated that the applicant was reporting chronic knee pain and was waiting for the surgical intervention. A November 19, 2013 progress note was notable for comments that the applicant was reporting persistent knee pain. The applicant is apparently considering a total knee arthroplasty, it was suggested by a QME. The applicant was given Vicodin extra strength for moderate pain and Norco 10 for severe pain. Ultram was reportedly discontinued. In a supplemental report of October 24, 2014, it is stated that the applicant was using both Norco and extra strength Vicodin effective August 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #30 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, HYDROCODONE-ACETAMINOPHEN SECTION Page(s): 91.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as hydrocodone-acetaminophen (Norco) are indicated in the treatment of moderate to moderately severe pain, as was present here on and around the date in question. In this case, information stated by the attending provider suggested that the applicant had not seemingly received earlier prescriptions for Norco owing to the fact that the claims administrator did not authorize the same. The attending provider seemingly positioned that usage of a less potent opioid, tramadol, was unsuccessful, and ultimately led him to introduce Norco for severe pain purposes. Introduction of Norco for severe pain purposes was indicated and appropriate here. Therefore, the request is medically necessary.

1 PRESCRIPTION OF VICODIN 7.5/750MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. In this case, the attending provider did not furnish a compelling rationale for two separate short-acting opioid agents, Norco and extra strength Vicodin. While the attending provider had earlier stated that a weaker, less potent opioid, tramadol, had been unsuccessfully employed here, the attending provider's provision of two separate opioids which are essentially identical in composition, Norco and Vicodin, is not compatible with the principles set forth on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. Therefore, the request is not medically necessary.