MAXIMUS Federal Services

Case Number:	CM14-0101269		
Date Assigned:	07/30/2014	Date of Injury:	02/20/2013
Decision Date:	10/02/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/01/2014

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 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] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 20, 2013.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; opioid therapy; and unspecified amounts of physical therapy over the life of the claim.In a utilization review report dated June 30, 2014, the claims administrator denied a request for Norco apparently made on June 25, 2014, denied a request for Norflex, also made on June 25, 2014, and approved a request for Naprosyn. The claims administrator stated that the applicant had undergone a knee arthroscopy with chondroplasty and synovectomy on May 8, 2014, and that it had received both an operative report of May 8, 2014, and a request for authorization form dated June 25, 2014. The claims administrator stated that he was basing his denial, in part, on a negative urine drug screen result.The applicant's attorney subsequently appealed.In an April 16, 2014, progress note, the applicant reported persistent complaints of knee pain, exacerbated by kneeling, bending, and squatting. The applicant reported occasional giving way about the knee. An arthroscopic partial meniscectomy procedure, postoperative physical therapy, and cooling device were endorsed. The applicant's work status was not furnished, although did not appear that the applicant was working.There was no discussion of medication efficacy or medication selection on several progress notes surveyed.In a progress note dated March 5, 2014, the applicant reported persistent complaints of knee pain, 8/10. The applicant was no longer working, it was acknowledged, as he had been laid off by his former employer. A rather proscriptive 20-pound lifting limitation was noted. Various medications were refilled, including Naprosyn, Norco, Fexmid, and Ultram. The applicant did undergo a urine drug testing on March 5, 2014, which was negative for all 12 items in the panel, including opioids.The remainder of the

file was surveyed.In a June 25, 2014, progress note, the applicant reported persistent complaints of knee and leg pain. The attending provider posited that ongoing medication usage was diminishing the applicant's main complaints by two to three points and affording the applicant the ability to ambulate, perform self-care, cook, and clean. The applicant was status post knee surgery on May 8, 2014, it was stated. The applicant was no longer working, it was reiterated. Naprosyn, Norco, and Norflex were furnished, while the applicant was placed off of work, on total temporary disability. It was stated on the request for authorization form of June 25, 2014, that Norflex is being furnished for knee pain complaints.The attending provider did further note on June 25, 2014, that the applicant had some thigh spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, DOS 6-25-14 Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone and Acetaminophen Page(s): 91.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Norco (hydrocodone and acetaminophen) are recommended in the treatment of "moderate to moderately severe pain." In this case, the applicant was some five to six weeks removed from the date of knee surgery on or around the date of the request, June 25, 2014, and could reasonably and possibly be expected to have had pain at the moderately severe level. Continuing usage of Norco was indicated on or around the date in question, although, as suggested by the early utilization reviewer, the applicant's negative urine drug screens do warrant further investigation. Nevertheless, continuing Norco was appropriate some five to six weeks following the date of knee surgery. Accordingly, the request was medically necessary.While this was, strictly speaking, a postoperative request as opposed to a chronic pain case, MTUS does stipulate that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines within the MTUS. Since page 91 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for postoperative usage of Norco, it was therefore invoked.

Norflex 100mg, DOS 6-25-14 Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5, page 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, short-term usage of muscle relaxants such as Norflex is "recommended" for

acute muscle spasms. In this case, the applicant was reporting some postoperative/perioperative issues with muscle spasms some five to six weeks removed from the date of surgery. Temporary provision of Norflex to combat the same was indicated. Therefore, the request was medically necessary.While this is, strictly speaking, a postoperative case as opposed to an acute-to-subacute pain case, MTUS 9792.23.b2 does stipulate that the postsurgical treatment guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since ACOEM Chapter 12, Table 12-5, page 299 did address the applicant's need for muscle relaxants postoperatively, it was therefore invoked.