

Case Number:	CM14-0157894		
Date Assigned:	10/01/2014	Date of Injury:	08/06/1999
Decision Date:	11/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/26/2014

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 August 6, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee meniscectomy surgery; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 26, 2014, the claims administrator partially approved a request for 90 tablets of Norco as 30 tablets for the same, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated September 12, 2014, the applicant reported persistent complaints of low back, left knee, leg, mid back, and hip pain, 8/10, exacerbated by negotiating stairs and/or climbing. The applicant was using fentanyl, Zanaflex, Motrin, and Cymbalta, it was stated in one section of the note. In another section of the note, it was stated that the applicant was using aspirin, Klonopin, Colace, Cymbalta, Duragesic, Motrin, Inderal, Norco, Prilosec, and Pennsaid. The note was difficult to follow and mingled old complaints with current findings. The applicant was severely obese, with a BMI of 37. The applicant was having difficulty moving about in the clinic setting and was reliant on a cane. A visibly antalgic gait was noted. Multiple medications were renewed. It was stated that the applicant could be a candidate for either total knee arthroplasty and/or lumbar fusion. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints are quite high, in the 8-10 range, despite ongoing usage of Norco. The applicant is having difficulty performing even basic activities of daily living, including negotiating stairs, standing, walking, etc., despite ongoing Norco usage. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.