

Case Number:	CM14-0159165		
Date Assigned:	10/02/2014	Date of Injury:	12/21/2008
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 and low back pain reportedly associated with an industrial injury of December 21, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar fusion surgery; earlier knee arthroscopy; subsequent diagnosis with knee arthritis; and extensive periods of time off of work. In a Utilization Review Report dated September 18, 2014, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In a progress note dated August 22, 2014, the applicant reported 9-10/10 low back and knee pain with derivative complaints of anxiety, stress, depression, and insomnia. Authorization was sought for unicompartmental knee arthroplasty. A surgeon, assistant surgeon, postoperative physical therapy, a cold therapy unit, and medical transportation were sought. Thirty tablets of Norco were furnished for the applicant's severe pain while the applicant was placed off of work, on total temporary disability. It was not clearly stated whether or not this is a first-time request or a renewal request. In an earlier note dated June 16, 2014, however, the applicant was given Ultracet and several topical compounds. The applicant was again placed off of work, on total temporary disability. There was no mention made of Norco at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery, Knee Arthroscopy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Norco are indicated for moderate to moderately severe pain. In this case, the applicant was reporting 9-10/10, severe knee pain on and around the date in question. Introduction of Norco was indicated to combat the same. Therefore, this first-time request for Norco is medically necessary.