

Case Number:	CM14-0172999		
Date Assigned:	10/23/2014	Date of Injury:	10/04/2001
Decision Date:	12/26/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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 October 4, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated October 13, 2014, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purpose. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2014, the applicant reported persistent complaints of knee pain, headaches, and low back pain, aggravated by activities including standing and walking. The applicant was using Celebrex, Norco, and Neurontin, it was acknowledged. The applicant exhibited a visibly antalgic gait. The applicant was overweight, with a BMI of 30. The applicant was asked to try Lyrica for pain relief. The applicant was not working, it was acknowledged. Celebrex, Neurontin, and Norco were all endorsed. In a September 26, 2014 progress note, the applicant reported persistent complaints of low back pain, knee pain, foot pain, and hand pain, all of which the applicant stated were interfering with his functionality. The applicant was having difficulty performing standing, walking, and driving chores, it was acknowledged. The attending provider stated that the applicant's medications were working well but did not elaborate upon the nature of the same. The applicant was unemployed and receiving workers' compensation indemnity benefits, it was acknowledged. Acupuncture, Norco, and a rheumatology consultation were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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. Here, however, the applicant is off of work, on total temporary disability, and has seemingly been off of work for large portions of the claim. While the attending provider stated on some occasions that the applicant's pain complaints were diminished with medication consumption, including ongoing Norco consumption, the attending provider failed to quantify any decrements in pain achieved as a result of ongoing Norco usage. The attending provider's reports of pain reduction, thus, are outweighed by the attending provider's failure to outline any quantifiable decrements in pain, the applicant's failure to return to work, and the attending provider failure to outline any meaningful improvements in function achieved as a result of ongoing Norco usage. The applicant's continued difficulty performing activities of daily living as basic as standing, walking, driving, taken together, suggest that ongoing usage of Norco has not, in fact, proven altogether beneficial. Therefore, the request was not medically necessary.