

Case Number:	CM14-0023055		
Date Assigned:	05/14/2014	Date of Injury:	04/20/2009
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 April 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee arthroscopy in November 2011; transfer of care to and from various providers in various specialties; and opioid agents. In a utilization review report dated February 11, 2014, the claims administrator approved a request for hinged knee brace, approved a request for Synvisc injections, and retrospectively approved another hinged knee brace while partially certifying Norco, seemingly for weaning purposes. The claims administrator suggested that the applicant was not working. Overall rationale was difficult to follow; however, the claims administrator seemingly suggested that the applicant had failed to demonstrate improvement with ongoing opioid therapy. The applicant's attorney subsequently appealed. A May 6, 2013 progress note is notable for comments that the applicant wished to pursue repeat knee surgery but that this had been denied by the claims administrator. The applicant exhibited an antalgic gait and was given a diagnosis of internal derangement of the knee. 12 sessions of acupuncture were sought while the applicant was placed off of work. The applicant was asked to maintain current medications during the interim. There was no discussion of medication efficacy. On June 17, 2013, the applicant was again placed off of work, on total temporary disability, while physical therapy was pending. In a progress note dated November 22, 2013, the applicant again presented with persistent knee pain complaints exacerbated by kneeling, bending, squatting, standing and/or walking, ranging from 4 to 10/10. The applicant was given a diagnosis of right knee degenerative joint disease. X-rays confirmed the same. The applicant was asked to employ Norco for pain relief owing to an acute flare and pain complaints. The remainder of the file is surveyed. There is no specific mention of the applicant using Norco at any earlier point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG QTY:45.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List topic Page(s): 91.

Decision rationale: The request in question represented a first-time request for hydrocodone-acetaminophen or Norco. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, hydrocodone-acetaminophen is recommended in the treatment to moderate to moderately severely pain. In this case, the applicant was in fact reporting moderate to moderately severe pain in the 8/10 range on or around the date in question, apparently associated with knee arthritis. Introduction of Norco at the same was indicated and appropriate. Therefore, the request was/is medically necessary.