MAXIMUS Federal Services

Case Number:	CM14-0035744		
Date Assigned:	06/25/2014	Date of Injury:	07/23/2010
Decision Date:	07/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 July 23, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; and psychological testing for derivative allegations of psychological stress.In a Utilization Review Report dated March 12, 2014, the claims administrator partially certified Norco to facilitate weaning, stating that the applicant had not profited through ongoing usage of the same.In a handwritten progress note dated September 3, 2013, somewhat difficult to follow, the applicant did present with knee pain and a resultant antalgic gait. In a section of the report, the attending provider stated that the applicant's medications were helping, but then stated, somewhat incongruously, in another section of the report that there was functionally no change since the last visit. The applicant was also reporting derivative allegations of sleep disorder, depression, and anxiety, it was stated. The applicant was given a rather proscriptive 10-pound lifting limitation and asked to wear a knee support. It did not appear that the applicant was working at that point in time. In a later handwritten note of June 15, 2014, the applicant was placed off of work, and put on total temporary disability. It was stated that the applicant was impaired following a knee surgery. The applicant was apparently described as using Norco and Voltaren at this point. On January 6, 2014, it was suggested that the applicant undergo a knee anterior cruciate ligament (ACL) reconstruction surgery. A knee support was endorsed at that point. It appears that Norco and a knee support were requested via a request for authorization form dated February 24, 2014, just prior to the Utilization Review Report of March 3, 2014.The applicant later underwent an arthroscopic ACL repair surgery on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #90, with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that 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 was off of work, on total temporary disability, as of the date the medication was issued. The attending provider's progress notes did not recount or describe any evidence of improvements in pain or function achieved throughout ongoing usage of Norco. The documentation, as previously noted, was sparse and difficult to follow. Therefore, the request was not medically necessary.