

Case Number:	CM14-0198772		
Date Assigned:	12/09/2014	Date of Injury:	08/23/2013
Decision Date:	02/11/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 low back and bilateral knee pain reportedly associated with an industrial injury of August 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; extensive physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; opioid therapy; and extensive periods of time off of work. The claims administrator failed to approve a request for Norco through the Utilization Review process. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 10, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was reportedly worsened. The progress notes contained no discussion of medication selection or medication efficacy. The applicant apparently had issues with sleep disturbance. The applicant was placed off of work, on total temporary disability. The applicant's complete medication list was not attached. On March 5, 2014, the applicant was, once again, placed off of work, on total temporary disability. The applicant was reportedly unchanged to worsened, the attending provided noted in various portions of its handwritten progress note. On August 6, 2014, the applicant reported ongoing complaints of low back and bilateral knee pain, 6/10, exacerbated by activities of daily living as basic as sitting, squatting, and/or negotiating stairs. An orthopedic knee surgery consultation, a pain management consultation, and a cane were endorsed. The applicant was off of work, on total temporary disability, was not working, the attending provider noted. On May 25, 2014, applicant's psychologist put the applicant off of work from a mental health standpoint. In a June 26, 2014 medical-legal evaluation, the medical-legal evaluator noted that the applicant had last worked on August 23, 2013. The applicant was using Advil, Motrin, and topical compounded medications, among others, the medical-legal evaluator noted. Subsequent progress notes of July

7, 2014 and July 28, 2014 were also notable for comments that the applicant remained off of work, on total temporary disability, and continued to report 6/10 low back and bilateral knee pain with associated popping and locking. On October 26, 2014, the applicant reported 5/10 knee pain. A one-time prescription for Norco was given, apparently for postoperative use purposes following planned knee surgery. In an earlier note dated August 26, 2014, the applicant's medication list included Motrin, Prilosec, and topical compounded medication. The applicant had reportedly failed Supartz injections, 24 sessions of physical therapy, and six sessions of acupuncture. The applicant remained off of work, it was acknowledged at this point. On July 11, 2014, the claims administrator approved a knee arthroscopy procedure through the Utilization Review process. On October 7, 2014, the applicant underwent a preoperative consultation and again signaled her intention to undergo planned knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen Page(s): 91.

Decision rationale: The request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Norco (Hydrocodone/Acetaminophen) are indicated in the treatment of moderate to moderately severe pain as was present here on or around the date in question, October 28, 2014. On that date, the attending provider insinuated that the request in question represented a first-time request for Norco and that Norco was intended for postoperative use purposes, following planned knee surgery. It was reasonable and/or plausible to expect or anticipate the applicant to have pain in the moderate to severe range immediately after planned knee surgery. Therefore, the request is medically necessary.