

Case Number:	CM14-0215010		
Date Assigned:	01/07/2015	Date of Injury:	01/01/2007
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 January 1, 2007. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for Norco. Non-MTUS 2014 ACOEM Guidelines were invoked in the determination, along with progress note dated November 19, 2014 and August 14, 2014. The claims administrator, it is incidentally noted, stated that its decision was based on 2014 ACOEM Guidelines at the bottom of the report but did not incorporate text of said guideline into the rationale. The applicant's attorney subsequently appealed. In a handwritten note dated November 19, 2014, the applicant reported "really bad" bilateral knee, low back, and wrist pain. Norco was endorsed. Permanent work restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place. An earlier handwritten note dated August 6, 2014 was notable for comments that the applicant was reporting pain in multiple body parts, including the knees, wrists, and low back. Once again, no discussion of medication efficacy transpired. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. In an applicant questionnaire dated August 6, 2014, the applicant stated that she was having difficulty holding a book, having difficulty gripping a telephone, and was having difficulty writing and opening jars secondary to her chronic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Opioids

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, the applicant's work status has not been clearly outlined from visit to visit, although it did not appear that the applicant was working. The attending provider's continued commentary to the effect that the applicant is reporting severe pain from visit to visit does not make a compelling case for continuation of Norco. The attending provider likewise failed to outline any quantifiable decrements in pain achieved as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.