

Case Number:	CM14-0087455		
Date Assigned:	07/23/2014	Date of Injury:	06/07/2011
Decision Date:	03/19/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/11/2014

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 June 7, 2011. In a Utilization Review Report dated May 5, 2014, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In a handwritten progress note dated December 30, 2013, the applicant reported 6/10 knee pain. Swelling, a visible limp, and limited range of motion about the injured knee were evident. Norco was refilled. The applicant was not working, it was acknowledged, but was trying to train for another job. Norco was renewed at various points in time, including via another handwritten note of March 31, 2014. No clear discussion of medication efficacy transpired on that date. The claims administrator's medical evidence log stated that the most recent progress note provided was, in fact, the handwritten March 31, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noeco 7.5/325 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-80, 124.

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

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 was/is off of work, the treating provider acknowledged in his handwritten December 2013 progress note. The applicant continued to report complaints of 6/10 pain on December 30, 2013 and 4/10 on March 31, 2014. Neither of the progress notes provided established the presence of any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing Norco usage. The applicant's continued complaints of knee pain, visible gait derangement, etc., did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

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