

Case Number:	CM15-0016824		
Date Assigned:	02/05/2015	Date of Injury:	07/29/2013
Decision Date:	04/17/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/29/2015

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, New York, 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 26-year-old [REDACTED] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 29, 2013. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for Norco and 12 sessions of physical therapy. The claims administrator referenced a January 16, 2015 RFA form and a December 22, 2014 progress note in its determination. The claims administrator's UR Report was over 10 pages long and quite difficult to follow. The applicant's attorney subsequently appealed. In an applicant questionnaire dated September 4, 2014, the applicant acknowledged that he was not working and was receiving State Disability Insurance (SDI). Ongoing complaints of knee pain were reported. In a progress note dated December 22, 2014, the applicant reported 5/10 knee pain. The applicant was using tramadol, Flexeril, Norco, and a TENS unit for pain relief. Twelve additional sessions of physical therapy were proposed. The applicant was asked to continue TENS unit. The attending provider suggested that the applicant would ultimately require a knee surgery. The applicant was given a 20-pound lifting limitation which effectively resulted in the applicant's removal from the workplace, the treating provider acknowledged. The applicant was also using medical marijuana, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, and Criteria for Use for a Therapeutic Trial of Opioids Page(s): 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids; 7) When to Continue Opioids Page(s): 79; 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are involved in illegal activities, including illicit substance usage. Here, the applicant was apparently concurrently using medical marijuana, an illicit substance. Discontinuing Norco, an opioid agent, did appear to represent a more appropriate option than continuing the same in the face of the applicant's concurrently using marijuana. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant has seemingly failed to return to work. The applicant continues to report difficulty performing activities of daily living as basic as standing, walking, and kneeling, despite ongoing opioid consumption. The attending provider's documentation failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

PT 12 3x4 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Physical Medicine Page(s): 8; 99.

Decision rationale: Similarly, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant remained dependent on a variety of opioid and non-opioid medications, including Norco, tramadol, Flexeril, Naprosyn, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified

amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.