MAXIMUS Federal Services

Case Number:	CM15-0137829		
Date Assigned:	07/27/2015	Date of Injury:	07/09/2008
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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 49-year-old who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of July 9, 2008. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 26, 2015 in its determination. The claims administrator did not state what guidelines he was basing his decision upon. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of knee "soreness" status post total knee arthroplasty done on April 9, 2015. The applicant's knee was doing well. The applicant also reported some shoulder pain and ankle pain attributed to chronic Achilles tendonitis. The applicant was on morphine, Keflex, and Voltaren gel, it was reported. The applicant was described as having severe contralateral left knee arthritis. The applicant's right knee prosthesis was described as well positioned. The applicant was asked to perform independent aquatic therapy. It was stated that the applicant would ultimately require left knee total knee arthroplasty. The applicant was given a left knee corticosteroid injection. The applicant was described as "unemployed," it was reported. There was no mention made of the need for Norco at this point. On June 18, 2015, the applicant reported ongoing complaints of low back pain, 6/10. The applicant was given unspecified medication renewals. There was no explicit mention made of the need for Norco. On May 1, 2015, the applicant was described as having ongoing complaints of left knee arthritis and right knee pain status post right knee total knee arthroplasty. The applicant was on morphine and Voltaren gel, it was reported. The applicant was again described as unemployed. Once again, there was no mention made of the need for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARC Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; 4) On-Going Management Page(s): 7; 78.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should be knowledgeable regarding prescribing information and should tailor medications and dosages to the specific applicant. Here, however, it did not appear that the attending provider was particularly knowledgeable regarding prescribing information, nor did it appear that the attending provider tailored medications and/or dosages to the applicant. There is no mention made of the applicant's using Norco on office visits of June 30, 2015 or June 18, 2015, referenced above. The June 18, 2015 progress note did not clearly articulate the applicant's complete medication list. There was no seeming mention, however, that the applicant was using Norco on June 18, 2015. A June 30, 2015 progress note suggested that the applicant was using Keflex, morphine, and Voltaren gel. Once again, there was no mention of the applicant's using Norco on that date. Progress notes of May 1, 2015 and May 19, 2015 likewise stated that the applicant was using morphine, Voltaren gel, and Keflex. It is difficult to support the request in light of the fact that the attending provider did not explicitly allude to a discussed usage of Norco on multiple office visits, referenced above. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the lowest possible dose of opioid should be employed to improve pain and function. Here, none of the attending provider's progress notes of May or June 2015, referenced above, explicitly suggested that analgesia with morphine alone was unsatisfactory. A clear, compelling case for ongoing usage of Norco was not established via the documentation provided. Therefore, the request was not medically necessary.