

Case Number:	CM15-0188237		
Date Assigned:	10/06/2015	Date of Injury:	11/17/2014
Decision Date:	11/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of November 17, 2014. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on August 25, 2015 in its determination. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On June 18, 2015, the applicant reported ongoing complaints of bilateral knee and low back pain. Norco and Naprosyn were endorsed. The applicant was asked to consult a knee surgeon. Acupuncture was also ordered. On August 5, 2015, it was stated that the applicant was not working in one section of the note. The applicant reported ongoing complaints of low back and bilateral knee pain. In another section of the note, somewhat incongruously, it was stated that the applicant was currently self-employed. Additional acupuncture and a surgical consultation for the knee were endorsed. The applicant was apparently considering and/or contemplating a knee arthroscopy, it was stated. No seeming discussion of medication selection or medication efficacy transpired on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narc Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. Norco was apparently introduced on a Doctor's First Report (DFR) dated June 18, 2015. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, however, 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, however, a progress note dated August 5, 2015 seemingly failed to incorporate any discussion of medication efficacy. There was no mention of the applicant's achieving quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Reporting of the applicant's work status was internally inconsistent, as one section of the attending provider's August 5, 2015 office visit stated that the applicant was "not working" and would remain off of work for another six weeks, while another section of the same note stated, somewhat incongruously, that the applicant was "currently self-employed." The information on file, in short, failed to support or substantiates the request. Therefore, the request was not medically necessary.