MAXIMUS Federal Services

Case Number:	CM15-0022655		
Date Assigned:	02/24/2015	Date of Injury:	02/11/2006
Decision Date:	04/02/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/06/2015

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] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 11, 2008.In a Utilization Review Report dated January 6, 2015, the claims administrator failed to approve a request for Norco and a replacement H-wave device. The claims administrator reference on December 24, 2014 progress note in its determination. The claims administrator contended that the applicant has failed to profit from the articles at issue.The applicant's attorney subsequent appealed.In a progress note dated October 25, 2014, the applicant reported persistent complaints of knee pain some seven weeks removed from the total knee arthroplasty procedure. The applicant stated that her pain was well controlled through usage of Norco. Work restrictions and Norco were endorsed. It did not appear that the applicant was working with said limitation in place. On November 9, 2014, the attending provider sought retrospective authorization for home health services provided by the applicant's friend following a recent total knee arthroplasty procedure of September 3, 2014.On December 9, 2014, a replacement H-wave device, a heating pad, Prilosec, tizanidine, Norco, Celebrex, and smoking cessation were endorsed. 7/10 pain complaints were noted. It was reiterated that the applicant had undergone a total knee arthroplasty procedure on September 3, 2014. Multifocal complaints of pain ranging from 7-7½/10 pain were reported. The attending provider suggested that the applicant had lost her previously provided H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #18: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, HycetTM; Lorcet, Lortab; Margesic- H, MaxidoneTM; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 91 of 127.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here.As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen is indicated for moderate to moderately severe pain, as was present here on or around the date in question. The request in question was initiated on December 9, 2014, i.e., some three months removed from the date the applicant had undergone a total knee arthroplasty procedure on September 3, 2014. The applicant was reporting 7-7/10 pain complaints on this date. Usage of Norco was, thus, indicated on or around the date in question. As of this date, furthermore, the applicant was too soon removed from the date of surgery for any meaningful discussion of functional improvement to have transpired. Continuing Norco, thus, on balance, was more appropriate than discontinuing the same. Therefore, the request was medically necessary.

1 Replacement H-wave: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 118 of 127.

Decision rationale: Conversely, the request for a replacement H-wave device was not medically necessary, medically appropriate, or indicated here.As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device beyond an initial one-month trial should be justified by the documentation submitted for review, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, previously usage of the H-wave device had failed to effect any significant reduction in pain and/or any meaningful, material improvements in function. The applicant remained off of work, despite previous usage of H-wave device. The applicant continued to report difficulty with various activities of daily living, including standing, walking, etc. Ongoing usage of the H-wave device had failed to appreciably curtail the applicant's dependence on opioid agents such as Norco and non-opioid agents such as tizanidine. All of the foregoing, taken together, suggests a lack of functional

improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.