

<b>Case Number:</b>	CM14-0122930		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 knee and leg arthritis reportedly associated with an industrial injury of February 23, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated July 21, 2014, the claims administrator denied a request for Norco. The claims administrator seemingly based its denial, in part, on causation grounds, stating that there was no evidence that the requested medication was "required for the treatment of the injury of February 23, 2011." Overall rationale was sparse. The applicant's attorney subsequently appealed. In an appeal letter dated July 29, 2014, the attending provider posited that the applicant's pain was well controlled through ongoing usage of Norco on a once-daily basis. The applicant was getting good analgesia; it was reported, despite ongoing complaints of knee arthritis. The applicant was maintaining a reasonable lifestyle, it was stated. The applicant's work status was not clearly outlined, however. In a February 23, 2012 progress note, the applicant was described as having ongoing complaints of knee pain. The applicant was working regular duty. 1% whole person impairment rating was issued. In a January 21, 2014 progress note, the applicant was given a viscosupplementation injection and again returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #30:** Overturned

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

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

**Decision rationale:** 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. In this case, the applicant has reportedly returned to regular duty work, it has been suggested. The applicant is deriving appropriate analgesia from once-daily usage of Norco, it is further noted, and is reportedly able to maintain her lifestyle through ongoing usage of the same. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.