

Case Number:	CM14-0127254		
Date Assigned:	08/15/2014	Date of Injury:	10/15/2013
Decision Date:	10/31/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 chronic knee pain reportedly associated with an industrial injury of October 15, 2013. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated July 29, 2014, the claims administrator denied a request for Norco and Naproxen. The claims administrator suggested that the applicant had undergone prior knee surgery but did not state when said knee surgery transpired. The note was quite sparse and contained very little in the way of applicant-specific information. The applicant's attorney subsequently appealed. In a July 23, 2014 Request for Authorization form, authorization was sought for Norco, naproxen, and a right lower extremity venous duplex ultrasound. In a progress note dated July 17, 2014, the applicant reported persistent complaints of knee pain. It was suggested that the applicant reported constant pain about the knee with associated difficulty walking, standing, and/or climbing. The applicant has complained that his knee was giving way. Work restrictions were endorsed. It was suggested that the applicant was working with limitations in place. Norco was endorsed for breakthrough pain. Naproxen was also apparently endorsed. In a May 7, 2014 orthopedic consultation, it was suggested that the applicant had undergone prior left knee surgeries in May 2005 and September 2004. It was noted that the applicant was working as a landscape manager; it was suggested in one section of the report, while another section of the report stated that the applicant had "no returned to work." The applicant was described as using Omeprazole and Norco as of this date. At the conclusion of the report, it was stated that the applicant was "currently working on regular duty with the use of a hinged knee brace." The attending provider stated that the applicant had significant arthritis about the injured knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 preponderance of the evidence on file points to the applicant's having achieved and/or maintained successful return to work status as a landscape manager with ongoing usage of Norco. The attending provider's commentary, while at times incongruous and/or sparse, does suggest that the applicant is deriving appropriate analgesia from ongoing usage of Norco and further suggested that the applicant is in fact tolerating work with the same. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Naproxen 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and NSAIDs, specifi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is an NSAID which is recommended for the relief of the signs and symptoms of osteoarthritis. In this case, the applicant reportedly has osteoarthritis of the left knee status post earlier knee surgery. Introduction of Naproxen to combat the same was indicated on or around the date in question, July 23, 2014. Therefore, the request is medically necessary.