

Case Number:	CM15-0070882		
Date Assigned:	04/20/2015	Date of Injury:	12/03/2012
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 41-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 3, 2012. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for Norco and Naprosyn. Two separate prescriptions for Norco were apparently requested. The claims administrator referenced a March 23, 2015 progress note in his determination. The applicant's attorney subsequently appealed. On March 23, 2015, the applicant reported ongoing complaints of right knee pain. The attending provider maintains that the applicant's medications have improved his standing and walking intolerance. The applicant was using Norco 5/325 once daily, Norco 10/325 twice daily, Naprosyn, and diclofenac, it was acknowledged. An extremely proscriptive 5-pound lifting limitation was endorsed. The applicant was asked to continue using a cane on an as needed basis. It does not appear that the applicant was working with said limitation in place. On November 3, 2014, the attending provider again stated that the applicant's medications were helping him perform activities of daily living but did not elaborate further. The same, unchanged, 5-pound lifting limitations were renewed. The applicant was apparently using a cane, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 5/3.25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: No, the request for Norco 5/325, a short acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, lowest possible dose of opioid should be employed to improve pain and function. Here, the attending provider did not set forth a clear, compelling, or cogent applicant-specific rationale, which would support provision of two separate short acting opioids, Norco 5/325 and Norco 10/325. Therefore, the request was not medically necessary.

Retro Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise, not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the attending provider did not furnish any rationale, which would support concurrent usage of two separate anti-inflammatory medications, Naprosyn and diclofenac. The applicant was seemingly given prescription for/was asked to continue Naprosyn and diclofenac as of March 23, 2015 progress note. No rationale for usage of two separate NSAIDs was furnished. Therefore, the request was not medically necessary.

Retro Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco 10/325, a short acting opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant did not appear to be working with a rather proscriptive 5-pound lifting limitation in place. The attending provider's commentary to the effect that the applicant's sitting and standing tolerance had been improved as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful or significant improvement in function effected as a result of ongoing Norco usage. The attending provider likewise failed to outline any quantifiable decrements in pain effected as a result of ongoing Norco usage on the March 23, 2015 progress note at issue. Therefore, the request was not medically necessary.