

Case Number:	CM14-0148090		
Date Assigned:	09/18/2014	Date of Injury:	07/20/2002
Decision Date:	10/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/11/2014

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 July 2, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; earlier knee surgery; and extensive periods of time off of work. The applicant's case and care have apparently been complicated by a variety of postsurgical complications, including postsurgical cellulitis and a postoperative pulmonary embolism. In a Utilization Review Report dated September 5, 2014, the claims administrator partially certified a request for Avinza, partially certified a request for Norco, and denied a request for laboratory testing. The applicant's attorney subsequently appealed. In an August 16, 2014 progress note, the claimant reported 2/10 pain with medications versus 8/10 pain without medications. The applicant stated that the medications were ameliorating his ability to exercise on a regular basis. The applicant was using Nexium, Norco, and Avinza, it was noted. The applicant did report heartburn in the review of systems section of the report. The applicant was still smoking, however, despite the issues with heartburn, it was noted. The applicant had a BMI of 28. The attending provider again posited that the applicant's ongoing medication consumption was ameliorating his ability to exercise, perform household chores, cooking, cleaning, and using the gym twice a week. The applicant stated that his ability to interact with family members was also improved. The applicant was not working with permanent limitations in place, however. Avinza and Norco were refilled. Renal and hepatic function testing were apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF AVINZA 120MG #30 WITH 1 REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for continuation of opioid therapy 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, while the applicant has failed to return to work, the applicant is reporting an appropriate reduction in pain scores from 8/10 without medications to 2/10 with medications. The applicant's ability to perform household chores, cook, clean, and exercise on a twice-weekly basis has been effected, in part, through ongoing opioid consumption, the applicant's attending provider had posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

1 PRESCRIPTION OF NORCO 10/325MG #180 WITH 1 REFILL: Overturned

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

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, while the applicant has failed to return to work, the applicant's ability to perform home exercises, move about, interact with family members, attend a gym, cook, clean, etc., have all been reportedly ameliorated as a result of ongoing Norco consumption. The applicant is likewise reporting an appropriate reduction in pain scores with Norco usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

1 BUN / CREATININE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects topic. Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an individual's renal, hepatic, and hematologic function is

indicated in applicants using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is using an acetaminophen-containing opioid, Norco. By implication, then, periodic assessment of the applicant's renal function to ensure that the applicant's present renal function is, in fact, compatible with prescribed medications is indicated. Therefore, the request for BUN/creatinine testing is medically necessary.

1 HEPATIC FUNCTION PANEL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects topic. Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an applicant's renal, hepatic, and hematologic function is indicated in applicants using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is, however, using an acetaminophen-containing opioid agent, Norco. By analogy, periodic assessment of the applicant's hepatic function to ensure that the applicant's present levels of hepatic function are compatible with prescribed medications is indicated. Therefore, the request for a hepatic function panel is medically necessary.