

Case Number:	CM13-0012641		
Date Assigned:	10/16/2013	Date of Injury:	06/09/2011
Decision Date:	05/20/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 32-year-old male with a date of injury of 06/09/2011. The listed diagnosis per [REDACTED] is right knee pain. According to report dated 07/23/2013, the patient presents with right knee pain with continued clicking and catching of the knee. The patient is status post right knee arthroscopy on November 2012. Physical examination revealed well-healed scars, complete extension, and full flexion. There are no medial or lateral joint line tenderness. There is a 10-degree positive tilt, negative apprehension, 2+/4+ tenderness of medial facet patella. Supplemental report from 07/24/2013 states, the patient is still working without restrictions and still has clicking and catching in his knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 88-89.

Decision rationale: This patient presents with right knee pain with continued clicking and catching of the knee. The treating physician is requesting a refill of Norco 7.5mg. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Medical records show this patient was first prescribed Norco on 06/25/2013. The treating physician's subsequent report from 07/23/2013 requests a refill. The patient is noted to be back at work without restriction. The treating physician does not specifically discuss what Norco is doing for the patient but given the patient's documented chronic pain and achieved functional status of return to work. The request is medically necessary and appropriate.