

Case Number:	CM13-0016900		
Date Assigned:	07/02/2014	Date of Injury:	04/14/2011
Decision Date:	07/30/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of April 14, 2011. A utilization review determination dated August 22, 2013 recommends non-certification of a left knee MR arthrogram and modification of a request for Norco 5/325 quantity 122 to be modified to a quantity of 60. A progress note dated July 31, 2013 identifies subjective complaints of continued left lower extremity pain, a pain rating of 7-8/10, a report of a fall sustained in April 2013 due to her left knee giving out with an injury of a left wrist fracture. The patient reports to have sustained another fall, one week prior to her visit, due to her left knee giving out. Physical examination of the left knee identifies tenderness in the medial compartment, full range of motion with pain at the end ranges of flexion and extension, pain with McMurray's test, and the patient is able to perform only a partial squat due to increased pain. Diagnoses include resolved left knee contusion, degenerative joint disease, resolved left ankle sprain/strain, resolved minor abrasions of the left ankle, left knee strain/sprain, non-displaced fracture of the left tibia, mild dyspepsia, and resolved minor abrasions of the left leg. The treatment plan recommends MR arthrogram of the left knee, two month supply of tramadol 50 mg #180, naproxen 550 mg #120, Protonics 20 mg #120, Norco 5/325 one by mouth twice daily #60, CMP, and CBC with differential. An MRI of the left knee without contrast done on February 11, 2014 identifies degenerative change with possible intrasubstance tear of the ACL, minimal degenerative change of the lateral and medial menisci, small effusion, no significant degenerative joint space loss or articular chondromalacia is identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg/325mg tablets quantity 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 5/325 quantity of 120, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco (hydrocodone/acetaminophen) 5/325 quantity of 120 is not medically necessary.

Left knee MR arthrogram quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, MRI's, MR Arthrography.

Decision rationale: Regarding the request for a left knee MR arthrogram, Occupational Medicine Practice Guidelines indicate the most knee problems improve quickly once any red flag issues are ruled out. They go on to indicate that MRIs are superior to arthrography for both diagnosis and safety reasons. The Official Disability Guidelines states that arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear. Within the documentation available for review, there is no indication that the patient has previously undergone left knee surgical intervention, and there are no stated factors to justify an MR arthrogram. In the absence of such documentation, the currently requested left knee MR arthrogram is not medically necessary.