

Case Number:	CM13-0030059		
Date Assigned:	03/03/2014	Date of Injury:	09/19/2011
Decision Date:	08/01/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery 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 claimant is a 57-year-old gentleman injured on September 19, 2011. The records available for review document orthopedic injuries, including right knee pain, for which the claimant is status, post a March 4, 2014, knee arthroscopy and meniscectomy. An April 28, 2014, progress report indicates low back pain, as well as right knee complaints. On physical examination of the low back, paravertebral lumbar tenderness and restricted lumbar range of motion were noted. Physical examination of the knee showed healed portal sites, 130 degrees of flexion and 3/5 motor strength. The claimant was diagnosed with a lumbar herniated disc and right knee status post medial meniscectomy. The records note that the claimant's treatment regimen includes Loracet. There is no documentation about the advancement of the claimant's activity level or improvement in pain complaints while treating with Loracet. The records do not document an acute, symptomatic flare of symptoms. This request is for continuation of the Loracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Loracet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Loracet, Hydrocodone Page(s): 76-80 and 91.

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, continued use of Loracet, a short-acting narcotic analgesic, would not be indicated in this case. The Chronic Pain Guidelines recommend documentation of decreased pain, increased level of function, or improved quality of life for continuation of opioid medication including Loracet. The reviewed records contain no documentation of functional benefit with use of the agent. There is also no documentation of an acute, symptomatic flare to require Loracet. Given these factors, this request would not be supported as medically indicated. Therefore, Loracet is not medically necessary.